ABSTRACT OF

An Address

ON

SCHOOL HYGIENE,

AND ON

MEDICAL GUIDANCE IN THE SELECTION OF SCHOOLS FOR CERTAIN CHILDREN.

Delivered at the Sanitary Institute of Great Britain on July 16th, 1889,

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IN his opening remarks the lecturer explained that to attain the end they had in view—the production of a capable and vigorous race—the conditions must be gathered from the nature of the case and from experience. The gardener would tell them that no plant would be healthy and reach its normal development which had been checked in growth. "Keep it growing" was his constant lesson; then, and only then, would it fulfil its destiny in nature. Yet this was precisely the course which they were constantly neglecting in dealing with the human plant, which was sometimes placed under favourable circumstances, but at other times, and more frequently, under conditions the most adverse. For convenience, and to avoid repetition, he would only refer to the education of boys, but he wished it to be understood throughout that every suggestion was equally applicable to girls, who were so grossly neglected in the matter of education, and especially in the appliances which were necessary for physical education. In order that the highest physical growth might be attained during school life, it was necessary that the constitution of every child should receive a careful estimate of its capacity previous to the commencement of that period of life—a period of the first importance, embracing the years of most active growth, from eight to nineteen years of age. In speaking of the choice of a school for a child, his remarks obviously only applied to parents who were in a position to exercise a choice. To advise the poor to select an appropriate school would be as wise as to recommend the choice of a particular brand of champagne. Hitherto the medical profession had had little or no voice in the selection of an appropriate school for the individual child, and parents had usually sent their children to this or that school, on the ground that they themselves had been educated there, or because a friend had a boy or girl at the same school; so that the payment of the school cheque, promptly or otherwise, had been alone accepted as the criterion of their duties to their children in the matter of education. Without desiring to interfere with this arrangement when the children were the healthy children of a healthy stock, he did protest with all the force of which he was capable in the case of: (1) Children who were delicate or sickly; (2) children who had had an ailment which would recur under unfavourable circumstances; and (3) children who were healthy at the present time, but who were the offspring of parents who, as they advanced in years, developed ailments or diseases which had an hereditary tendency, and which medical men knew were apt to be transmitted sooner or later to the children, though medical men at the same time also knew that the possibly latent disease might be eradicated, or mitigated, were the child surrounded by favourable conditions during the period of school life. Not to heed such tendencies to disease, now that medical science was sufficiently advanced to lend an effective helping hand, was a parental neglect which might hamper the child through life and occasion untold misery, not only to the boy himself, but also to his future wife and children, by entailing his premature death, or often even worse, that moroseness of character which ill-health so frequently engendered. The lecturer then proceeded to give the two following cases as illustrative of his remarks:—

"1. Some time since I attended a little boy who was exceedingly ill with a chest illness. The course pursued by the illness caused me considerable anxiety, until I ascertained that he was born in India, and had had an illness from malaria during his residence there. I at once saw that his present illness was masked by this prior malaria fever, and on the administration of quinine and arsenic he speedily recovered. I heard recently that he was being educated to compete for a scholarship at a school situated close to the bed of a river, whose meadows at certain times of the year are frequently under water. I represented to the guardian of the boy that such a situation was most undesirable. My protest was heeded, and I have little doubt that, if the child be educated in the place where I advised, his ague will gradually, and I hope completely, wear itself out during his growing years, and that he will attain a healthy manhood. Had his parent persisted in sending him where he had proposed, the intermittent fever would have found a fitting soil for its continual recurrence, and would have clung to him throughout his life, or produced internal disease, such as spleen, with all its miseries and inconveniences. A clever boy would thus have been handicapped through life simply from ignorance of the importance of the subject. 2. A few weeks ago a friend of mine, an oculist, asked my opinion about a patient, a pale-faced, precocious, strumous boy, who was an only child, overgrown, listless, and stooping. He was suffering at the time from recurring attacks of iritis, depending upon synechiæ, the sequelæ of a former attack of rheumatic iritis, and had been living for many years near a brackish swamp. My opinion was sought because the parents had placed the boy at the most unsuitable school for such a constitution that could have been selected—a school unsuitable for any but the soundest and most robust. I advised that if the parents persisted in returning such a type of boy to that school, and he were mentally, morally, and physically ruined, the blame would rest upon the parents alone. For, as he could not thrive under such circumstances, sustained application to work would be impossible, and he would become a 'loafer,' with all its attendant evils. The sequel shows that the process I predicted was already taking place. I inquired of my friend, for the purpose of quoting this case to-day, what was the result of our advice, and he writes a characteristic reply: 'You might as well try to walk arm-in-arm with a grasshopper as to try to persuade that unfortunate boy's clerical father that there is any better school on earth for his son than the school at which he himself was a boy.' The result we expected came sharper than even I anticipated. 'He returned to school, and within a few weeks ran away from the school and came to London with another boy.' Now, had this boy been sent to a school where he would have improved in health and become vigorous, he would have worked well and played well, and would have become a credit to himself and his parents. I insist that this boy demands pity, the parents deserve blame; whereas the parents would seek your sympathy in their heartrending trouble, especially as he was an only child."

The lecturer next proceeded to refer to—1. Adolescents who had not suffered from any previous illness, but who had never thriven, and who were subject to continual *delicacy*, *anæmia*, and frequently repeated *catarrh*. 2. Adolescents who suffered from deficient or deteriorated health, arising from previous illness occurring during childhood. This class would include those who had suffered severely from a "*fever*," such as typhoid fever and scarlet fever; a long illness from an *inflammatory disease*, as pleurisy and joint disease; and *rickets*. Parents might say that their child was in its usual health, and had not ailed since the illness. But it was manifest to others that the child was pale and thin, not thriving, and had made no way since the illness in question. 3. Diseases which had already occurred during childhood and were liable to recur during adolescence. Under this heading he would class such diseases as *malaria*, *rheumatism*, asthma, neuralgia, albuminuria, and diarrhœa. 4. Hereditary disease in the parent which is liable to manifest itself in the offspring during childhood or to develop after childhood. Amongst these he would enumerate *gout*, *Bright's disease*, *nervous diseases*, and *tubercular disease*. The lecturer insisted that much could be done for those children by placing them in a healthy situation where they

might pass their school life. With care and judgment in the selection not only of a well-placed but a well-built school, properly ventilated throughout, with large sunny rooms by day and large open dormitories by night, so that they could not breathe pre-breathed air, these children would respond to the influence of a healthy situation during school life beyond all expectations, and would outgrow the delicacy of their youth.

On the subject of Asthma, the lecturer said:—

"In the case of *asthma*—a frequent ailment during adolescence—I can, I regret to say, offer very little advice as to choice of situation, since the disease is one which exhibits the most curious and remarkable vagaries. Some children are quite free from attacks at the seaside; others in a town; others in the country, either in low-lying districts or on high levels; some where there are pine trees; others where the air is keen and dry; while others again can only breathe easily where the air is warm, moist, and relaxing. In one of the worst cases I ever had under my care, where every remedy had failed to give relief in the place where he was being educated, I inquired in despair whether there was any place on earth where he could breathe comfortably. The boy smiled, and replied that he could breathe with perfect ease on the Underground Railway in London, and that when he was at home he sometimes took a return ticket from one end of the line to the other, solely for the purpose of enjoying the pleasure of breathing with comfort. But in a worse case than this I summoned the father, for I feared a fatal termination, from a very long distance. On his arrival I asked if he knew any place where his son could draw his breath with ease; and he said, 'Yes, at home.' But inasmuch as he lived a forty-eight hours' journey away, and that across the sea, the difficulty to be faced was that of transporting the boy alive. However, I urged the trial, as I feared death from exhaustion if he remained. While we were discussing the question deep snow was on the ground, but a thaw came at the time of starting, and when the travellers, with all the appurtenances for his terrible attacks, arrived in London a dense fog prevailed, which at once mitigated the severity of the attacks, and the boy went comfortably to bed, was able to lie down, which he had not been able to do for several weeks, and slept most of the night, instead of sleeping only in momentary snatches as heretofore, and eventually he reached home safely. Whatever might be the course advised for those who were the victims of this unfortunate illness, it could only be tentative. Again, children having an hereditary tendency to tubercular disease should pass their earliest school years at the seaside, and their public school life at a spot where the conditions were suitably adapted to their physical state; where their vigour would be such that tubercular bacilli would find no fit soil in their organism in which to develop. There were many schools admirably located for the education of such a type of constitution. But that horrible legend, 'Because I was at school there, and my father before me, and we have all been educated there for generations,' has such fatal hold upon parents that some specific thought for the child never for a moment emerged from this ancestral lunacy. One cannot but admire the feeling of pride, constancy, and gratitude which made a parent adhere to the school of his fathers; but, on the other hand, human welfare might thereby be sacrificed to a mere tradition."

The lecturer pointed out the importance of class-rooms in schools being systematically ventilated and equably warmed by hot-water pipes rather than by fires; and, with regard to dormitories, he insisted that in bedrooms, where about nine consecutive hours were passed, each boy should have allotted to him at least 800 cubic feet of space and seventy-two square feet of floor space, with plenty of floor space between the side of each bed.

In conclusion, the lecturer said:—"I will epitomise the gist of this address in a few words. I have striven to point out that there are certain types of children, hitherto rarely considered, to their great detriment, who require special care during their school years to enable them to contend against adverse circumstances and to reach a healthy manhood. The kind of care required varies considerably in individual cases; but in the main it may be asserted that it is fatal to the attainment of a vigorous manhood if such children grow up in a cold, damp atmosphere; on a wet soil or subsoil; in small, dark class-rooms; and in the confined atmosphere of a cubicle. In place of these conditions, their constitutions imperatively demand that they should spend these years of development in a dry atmosphere, and in a locality sufficiently elevated to be free from the effects of a damp soil and subsoil. They also require that the aspect of all their rooms should be sunny; that the class-rooms should be large, light, and above ground; and the dormitories large and open, and unoccupied by day. Under these simple, but essential, conditions, delicate children will enjoy the best chance—which is obviously their due—of developing in health and vigour, and becoming not merely hardy in themselves, but the transmitters also of a constantly improving race. To help adult age and old age out of their illnesses and diseases is a noble work; but to prevent disease arising in the young, and thus enable them to grow up in health and vigour, is the noblest work of all."

ON THE TREATMENT OF PNEUMONIA BY THE ICE-BAG.[1]

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FOUR YEARS ago I published in the *British Medical Journal* (July 11th, 1885) an account of "Two Cases of Broncho-pneumonia Treated with Bleeding and Ice." I was much impressed with the good results that in each of these cases followed, and appeared to be due to, the persistent application of an ice-bag to the chest wall over the inflamed lung. Since that time I have taken such opportunities as have occurred to me of testing the use of the ice-bag in cases of pneumonia, and my impression of its value and of its great superiority to poultices and other warm applications has been so greatly strengthened, that two years ago I mentioned the matter to some of my friends who have large opportunities of clinical observation in hospitals and elsewhere, and asked them to give the ice-bag a fair trial. Several physicians have been good enough to comply with my request. If their opinion of this method of treatment prove to be as favourable as my own, practitioners of medicine generally may be encouraged to employ it, and by a sort of informal collective investigation it will then stand or fall. It can only be by the careful observation of a large number of individual cases that a satisfactory demonstration of its value can be obtained; for pneumonia is pre-eminently a disease in which it is easy to arrive at false conclusions with regard to the effect of treatment. The remarkable "crisis" which usually marks the close of a pneumonia is a trap for the unwary therapeutist, and any remedy the employment of which has preceded this striking event is only too likely to be credited with having produced it. And the fact that the crisis may occur at any period of the disease, from the third day to the tenth, makes it specially difficult to be sure that an apparent cutting short of the pyrexial process may not be simply the natural course of its development. To this deceptiveness of clinical experience is no doubt largely due the remarkable variation in medical opinion about the proper treatment of pneumonia. And the difficulty of correct inference is greatly increased by the fact that a condition so alarming in its appearance when at its height nevertheless usually recovers completely when the patients are children or young adults, except under special circumstances. Too often has the natural course of the disease appeared to give proof of the efficacy of some particular line of treatment, and venesection, leeches, tartar emetic, aconite, veratrine, digitalis, quinine, and alcohol have each in turn had their enthusiastic advocates. In advocating the employment of the ice-bag in pneumonia I am desirous of bearing these fallacies in mind.

The use of cold applications to the chest in pneumonia was advocated twenty years ago by Niemeyer. He used, however, not the ice-bag, but cold compresses, which are certainly far inferior to the ice-bag, through their tendency to become warm, and the necessity they entail of frequent disturbance of the patient. Niemeyer says: "I have made extensive employment of cold in the treatment of pneumonia, and, relying upon a large number of very favourable results, can

[1] A paper read before the Harveian Society, Oct. 17th, 1889.

recommend this procedure. In all cases I cover the chest of the patient, and the affected side in particular, with cloths which have been dipped in cold water and well wrung out. The compresses must be repeated every five minutes. Unpleasant as this procedure is in almost all cases, yet even after a few hours the patients assure me that they feel a material relief. The pain, the dyspnœa, and often the frequency of the pulse, are reduced. Sometimes the temperature goes down an entire degree. My patients often retain this surprising condition of improvement throughout the entire duration of the attack, so that their outward symptoms would hardly lead one to imagine the grave internal disorder. The relatives of the patient, too, who do not fail to perceive the improvement, now readily assist in the treatment to which at first they were opposed. In a few cases, and only in a few, the use of cold affords no relief, and the troublesome manipulation for its application increases the distress of the sufferers so much that they refuse to keep it up. In such cases I have not insisted upon the further application of cold. In the hospital at Prague every pneumonia is treated with cold compresses, and, according to the statements of Smoler, it is exceptional for a patient not to feel material relief from this treatment. As, however, I have never succeeded in cutting short a pneumonia by means of cold applications, I should only ascribe a palliative influence to their use, had not the duration of the disease in many instances been decidedly shortened and the convalescence hastened by means of their energetic and methodical employment. In fact, in but few cases have we seen the disease delay its departure until the seventh day. Many have improved on the fifth, and a very large number as early as the third day; nay, I have repeatedly found it impossible to keep patients with recent pneumonia in hospital for a longer period than a week." This quotation from Niemeyer (vol. i., p. 185) bears striking testimony to the benefits obtained from the use of cold compresses frequently renewed, while acknowledging the drawbacks inseparable from their use.

My observation of the effects of the ice-bag has satisfied me that we may by it obtain still more striking benefit without these drawbacks. The ice-bag retains its cold until all the ice in it is melted; hence it produces a much more powerful local impression, and a fall of temperature considerably larger than the "entire degree" of which Niemeyer speaks, while the much less frequent disturbance of the patient and the freedom from wetting of the surface remove entirely the objections to which he refers. I have found that the presence of the ice-bag is usually pleasant to the patient, and I have never met with any decided objection to its use, even in children. Only occasionally where delirium has been present has the ice-bag been thrown off.

I will now briefly relate my experience of this method of treatment, and will classify the cases according to the apparent effect.

A. CASES IN WHICH IMMEDIATE AND FINAL ARREST OF THE PYREXIAL PROCESS FOLLOWED THE APPLICATION OF THE ICE-BAG.

Case 1.—William W——, aged twenty-five, was admitted into St. Mary's Hospital on the evening of Nov. 15th, 1887, with a temperature of 104°, which fell next morning to normal, but had again risen when I saw him in the afternoon to 104·8°. There was limited pleuro-pneumonia at the right base, skin burning, herpes round the mouth. Pulse 120; respiration 36. This was apparently the fifth day of the disease, he having shivered on Nov. 12th, and again on the 13th. The affected side was tightly strapped, and an ice-bag applied over the strapping. The temperature fell immediately, and next morning was normal, when the ice-bag was removed; the pulse was 90, and respiration 24. After this the temperature was subnormal. Clearly the crisis had occurred, and whether or not the ice-bag had hastened it must be a matter of opinion. Possibly it may have been simply a coincidence.

Case 2.—John P——, aged twenty-six, admitted on June 18th, 1887, with a temperature of 104°, and a limited area of dulness at the left posterior base, pulse 120, respiration 24, on the fifth day of his illness, shivering having occurred on June 14th. The temperature continued about 104°, until I saw him on the seventh day, when an ice-bag was applied over the inflamed lung. During the following night the temperature fell until it reached 99°, when the ice-bag was removed. A rise of one degree followed, but next morning (ninth day) the temperature was normal, and so continued. Here, again, the apparent result from the ice-bag may have been a mere coincidence.

Case 3.—Maurice W——, aged sixteen, seen at Uppingham school, with Mr. T. Bell, in February, 1886, on the fourth day of his illness. The temperature was 104°, and there was moderate consolidation at the right base, with viscid, rusty sputum. No ice was obtainable, but snow was lying on the ground. Sponge-bags filled with snow were placed over the inflamed lung. The temperature fell at once (fifth day), and did not again rise. Once more we must remark that the apparent effect may possibly have been nothing more than a coincidence. This, however, was certainly not so in Case 4, the subject of which was my own youngest child, aged three years. He had suffered from catarrh for two or three days, when he rapidly became acutely ill; the temperature ran up to 104°, the breathing was very rapid, and his lips began to look a little dusky. Just the faintest impairment of resonance was to be detected at the base of one lung. He passed a most restless night, and in the morning was no better. Some ice was sent for, and an ice-bag applied to the suspected area. Within twenty minutes of its application a distinct change for the better was observed. The breathing became much quieter. The temperature fell at once. In a few hours he was quite out of danger, and in a day or two was quite well. I am convinced that an attack of broncho-pneumonic was cut short.

Case 5.—In December, 1886, I was asked by a friend, a well-known physician, to see his little boy, aged four years. After a week's catarrh, the boy's temperature had suddenly risen to 104·5°; pulse 140; respiration 50, occasionally interrupted by a short cough. The cheeks were a little dusky. I found a shade of loss of resonance at the left base below the angle of the scapula. At this spot, and also at the corresponding spot on the other side of the chest, inspiration was a little harsh, and attended by a little râle, and expiration was too plain. It was clear that broncho-pneumonia was just commencing. An ice-bag was applied to the back of the chest, and immediate recovery followed, the improvement being remarkably rapid. In this case, as in that of my own child, I have no doubt that the pneumonic process was strangled at its birth.

B. CASES IN WHICH IMMEDIATE ARREST OF THE PYREXIAL PROCESS FOLLOWED THE APPLICATION OF THE ICE-BAG, AND A RELAPSE FOLLOWED ITS REMOVAL.

Case 6.—Jenny McN——, a girl of about four years old, in the Highgate convalescent branch of the Children's Hospital, was found one day to have a temperature of 104°. I saw her next day, and found that there were dulness and bronchial breathing over part of the lower lobe of the right lung, with a hot burning skin and temperature still 104°. An ice-bag was at once applied over the affected lung, and within a few hours the temperature fell to 98°. The ice was then removed. The temperature immediately rose again, but did not pass 101°. It continued at this lower level for about thirty-six hours, and then suddenly fell to 96·5° and remained subnormal. The day after this fall examination showed that both dulness and bronchial breathing had completely vanished. In this case the immediate fall of six degrees which followed the application of the ice was clearly not the crisis, for on removal of the ice pyrexia recurred (though to a much less extent) and continued for thirty-six hours before the final drop.

Case 7. Caroline S——, aged thirty-eight, was admitted into St. Mary's Hospital on Jan 7th, 1889, and I saw her next day, the fourth of her illness, a rigor having occurred during the evening of Jan. 4th. The temperature was 103°, pulse 128, respiration 44. Dulness and tubular breathing were present over the left axillary base. She was slightly jaundiced. An ice-bag was applied at 3 P.M. At midnight the temperature had fallen to 99·6°, and the bag was removed. Immediately the temperature again rose, at 10 A.M. of the next (the fifth) day it stood at 101·5°, and at 6 P.M. at 104°, actually a degree higher than before the application of the ice. It then began to descend in a leisurely fashion, reaching 100·5° by the evening of the sixth day, 99·2° on the seventh evening, 99° on the eighth, and 98·4° on the ninth. Thus there was no marked crisis at all, and the recurrence of the pyrexia after the removal of the ice clearly proved that the process was not yet over, and that the sudden drop of 3·5° in nine hours which accompanied the use of the ice was certainly due to it.

C. CASES IN WHICH IMMEDIATE ARREST OF THE PYREXIA FOLLOWED THE USE OF THE ICE-BAG, A RELAPSE FOLLOWED ITS REMOVAL, AND A SECOND FALL OCCURRED WHEN THE ICE WAS REAPPLIED.

Case 8.—Thomas C——, aged nine, was admitted into St. Mary's Hospital on July 14th, 1887, with pleuro-pneumonia of the left base. He had been caught in the rain on July 9th, felt ill on the 10th, but went to school on the 11th and 12th; pain in his side commenced on the 13th. On admission his temperature was 103°, pulse 128, respiration 48. An ice-bag was immediately applied, and the temperature fell moderately quickly, reaching 99·4° thirty-six hours later, when the ice was removed. At once an upward movement of temperature began, and in eight hours it had risen to 104°. Again the ice was applied, and again the temperature descended, but more rapidly than before, reaching 98·4° in sixteen hours more, after which it did not again rise above 100°. This terminal crisis occurred on the fifth day, reckoning from the initial pain. The more gradual fall of 3·5° which followed the first application of the ice was clearly due to it, as was shown by the relapse which followed its removal.

Case 9.—Henry B——, aged twenty-six, was admitted into St. Mary's Hospital on June 24th, 1887, on the second day of a pneumonia of the left base, several rigors having occurred on the morning of the previous day. I saw him on the third day; his temperature was then 103°, pulse 116, respiration 32; physical signs limited, but characteristic. An ice-bag was applied, and the temperature fell promptly to 97·6° on the morning of the fourth day. The ice was removed, and the temperature rose at once; when it reached 100° the ice-bag was replaced. The rise, however, continued as far as 102°, from which it fell again to normal on the fifth day. Here the beneficial action of the ice seems to be manifest, firstly, in the rapid fall of temperature on the third day; and, secondly, in the fact that the subsequent rise did not attain a higher level than 102°.

Case 10.—Mary T——, an infant aged six months and a half, seen in consultation with Dr. Langston of Westminster. This is one of the two cases published four years ago. It proved a complicated one, through the occurrence of otitis and commencing meningitis, which was on two occasions relieved by puncture of the tympanic membranes performed by Mr. Field. In the early part of her illness she nearly succumbed to broncho-pneumonia. Leeches gave immediate relief to her cyanotic condition, but the temperature still stood at 105°, and the physical signs of consolidation over the root of the right lung were marked. After an ice-bag was applied the temperature fell in twenty-four hours to 101·4°. The bag was then removed, and the temperature rose to 103°, but fell again till it reached 100·4°. A sudden rise to 105·6° followed, and was accounted for by the discovery of a fresh patch of dulness over the root of the other (the left) lung. The ice-bag was applied to this new focus of inflammation, and at once a very rapid fall of temperature followed. In nine hours after the application of the ice it had fallen no less than 7°—from 105·6° to 98·8°,—though the ice was removed when it had fallen to 102°, and I noted that the new dull area was distinctly smaller than it had been in the morning. Three days later there was another rise to 106°, again accounted for by the discovery of a small fresh area of dulness behind the edge of the left scapula, the two areas already mentioned as previously consolidated being now both completely resonant. Again ice was applied to the new site of inflammation, and again there was a rapid fall to 102·4°, when the ice was removed. A transitory rise to 104° followed, and then a quick descent to 99°. The lung trouble was now practically at an end, but the temperature rose again owing to the otitis &c., which now began to manifest itself. In the long run the child recovered perfectly. A complete account of the case was published in the *Practitioner* for Aug., 1886.

D. CASES IN WHICH RAPID FALL OF TEMPERATURE FOLLOWED THE APPLICATION OF ICE, BUT RELAPSES (APPARENTLY DUE TO IMPLICATION OF FRESH PORTIONS OF LUNG) OCCURRED WHILE THE ICE WAS BEING CONTINUOUSLY APPLIED.

Case 11.—Emily B——, aged fifteen, was admitted into St. Mary's Hospital on Jan. 24th, 1885, with severe broncho-pneumonia. This is the other case published in the *British Medical Journal*. She had been ill ten days before admission, and was found to have general bronchitis, with dulness over the whole front of the left lung, with a temperature of 104·2°. Poultices were applied to the chest. Next day she was worse, the temperature had risen to 105°, the physical signs were more marked, the pulse was 136, the respiration 44, and there was very considerable lividity of the lips and cheeks. Venesection to ten ounces was performed, and gave great immediate relief. The temperature fell one degree, but rose again as much in the evening, and next day was higher than ever, reaching 105·6°, the pulse then being 144, and the respiration 48. An ice-bag was now applied over the left front. Immediately the temperature fell precipitately, and next morning it was only 98°. In the afternoon, however, it rose again to 105·8°. On examination I found that the resonance over the left front, where the ice-bag had been applied, was remarkably improved, but fresh pneumonic crepitation and bronchial breathing had appeared in the axillary region. The ice-bag was shifted to this new focus, and again the temperature fell precipitately to 98°. It rose once more to 103°, and fell again to 98°. On the fourth day after the use of the ice was commenced there was a final rise to 104·2°, which proved to be due to implication of the apex of the opposite lung, there being now impaired resonance and harsh inspiration below the right clavicle. A second ice-bag was applied to this spot, and, to my surprise, twenty-four hours later I found the right apex perfectly normal. The temperature had fallen to 96·7°, and after this convalescence was uninterrupted. In this case the beneficial influence of the ice was quite indubitable, and the contrast shown by the temperature chart before and after its employment is most remarkable. The severity of the case was sufficiently demonstrated by the cyanosis, which necessitated recourse to venesection.

Case 12.—John S——, aged thirteen, was admitted into St. Mary's Hospital on Aug. 10th, 1888, on the fourth day of a pneumonia of the left base. His temperature was 105·8°. The house physician gave him five grains of quinine, and next morning his temperature was only 100·6°, but before 2 P.M. it rose again to 104·2°, when an ice-bag was applied over the inflamed lung. The rise continued until 6 P.M., when 105·4° was reached, but a rapid fall followed, and at 10 A.M. of the next (the sixth) day the temperature was only 100·2°. In spite, however, of the continued application of the ice, there was a rise in the afternoon to 103°, but this proved very temporary, and next morning (the seventh) 99° was again reached, and the ice-bag was removed. After this convalescence followed.

E. CASES IN WHICH NO IMMEDIATE ARREST OF THE PNEUMONIA FOLLOWED THE APPLICATION OF ICE, BUT OBVIOUS RELIEF TO SYMPTOMS RESULTED.

Case 13.—Minnie C——, aged twenty, admitted into St. Mary's Hospital on April 10th, 1888, on the seventh day of a pneumonia of the right base. Her temperature was 104·4°, and an ice-bag was at once applied. There was a fall of three degrees in the next few hours, but next morning the temperature was again 104°, in spite of the continued application of the ice, and it remained between 103° and 104° for three days. On the tenth day there came a sudden fall to 98°, and the ice was removed. On the eleventh day, however, it rose again to 102°, and the same happened on the twelfth day. Examination showed that the cause of this was the appearance of a small area of fresh inflammation at the base of the opposite lung. A second ice-bag was placed over this spot, and after this the temperature did not exceed 101°, and in three days more she was quite convalescent, the physical signs having disappeared. Here the ice-bag did not shorten the duration of the disease (unless, indeed, it may be credited with arresting an incipient attack on the previously healthy side), and it produced only temporary reduction of temperature, but the patient expressed herself as considerably relieved by it.

Case 14.—John L——, aged twenty-five, admitted into St. Mary's Hospital on July 9th, 1889, on the fourth day of a pneumonia affecting the apex of the right lung. I saw him on the fifth day and found his temperature 103·6°, pulse 120, and respiration 48, with viscid rusty sputum. He had been delirious during the night, and was still semi-maniacal and very surly, resisting examination, talking wildly, and accusing us of attempting to poison him. The physical signs of pneumonia at the right apex were distinct. An ice-bag was applied at 2 P.M., and in spite of his curious mental condition he did not object to it. A fall of temperature of two degrees and a half followed on the

morning of the sixth day; but in a few hours 103·6° was again reached. It was noted, however, that his mental state was markedly improved. On the seventh day the temperature was still 103°, but the delirium had vanished, and the physical signs at the right apex were less distinct. On the eight day still further improvement was manifest, and the temperature stood at 102° in the morning and fell rapidly to 99° in the evening, when the ice was removed. After this the temperature was subnormal, and the patient convalescent. In this case improvement in the physical signs distinctly preceded the crisis.

Case 15.—Mary A——, aged twenty, admitted into St. Mary's Hospital on May 11th, 1889, on the fourth day of a pneumonia commencing at the right apex. She had a most unfavourable family history. She stated that her father suffered from asthma, that her mother had died of "galloping consumption," that she had lost ten brothers and sisters, and that of the three who survived two suffered from consumption. She had herself spat blood at times during the last two years. She also had suffered from "fits" for four years, and the onset of her pneumonia was marked by a fit instead of a rigor. I saw her first on the fifth day of her illness, and found evidence of pneumonia at the right apex, with temperature 104°, pulse 128, and respiration 48. An ice-bag was applied over the affected apex at noon. At 6 o'clock the next morning the temperature had fallen four degrees, but in the course of the day it rose again to 102°. The pulse remained at 130, but the number of respirations had risen from 48 to 74, and some cyanosis had appeared. The upper part of the right lung both in front and behind was now dull, as far down as the angle of the scapula. On May 14th, the seventh day of her illness, the temperature was still only 102·5°, though the pulse was nearly 130, and the number of respirations had risen to 100. The right lung seemed now to be involved in its entire extent. Both cheeks were markedly cyanosed, and the sputum, which was scanty, very viscid, and a little aerated, was of exceedingly dark colour, almost black, the "prune-juice" expectoration of admittedly evil omen. A much larger ice-bag was now obtained, capable of surrounding the whole right chest, and this was applied at 5 P.M. Four ounces of brandy daily were ordered for her, and an ether and ammonia mixture every four hours. On the next day, the eighth, the temperature ranged about a degree lower (101·5°), the pulse remaining at 120, and the respiration still from 88 to 100. But it was observed that the sputum was distinctly less dark, and at the same time less viscid and more abundant. On the ninth day the temperature, pulse, and respiration remained about the same, but an extraordinary improvement had occurred in the physical signs. There was now very fair resonance over both back and front of the right lung down to the angle of the scapula, with large moist râles in front, and smaller râles with more natural breathing behind. Below the angle of the scapula there was dulness, with fine moist râles, both inspiratory and expiratory. There was still further improvement in the appearance of the sputum. On the tenth morning I found that though the temperature had been even a little higher (103°) and was still 101°, and the pulse and respiration were respectively 120 and 86, the improvement in the physical signs was still more marked. My note was: "Very fair resonance behind, even to the base; some impairment in the axillary region from the posterior to the anterior axillary line. Over the front, resonance good as far as the nipple. Over the whole lung bubbling sounds can be heard, moderately loud, and of double rhythm. Cheeks bright-coloured." Between 6 o'clock and 10 that evening the temperature suddenly fell from 101° to 97°; the crisis had arrived, and the ice-belt was removed. After this convalescence was complete. It must be allowed, I think, that in this case the ice was of the greatest service. It is hardly too much to say that it saved the patient's life. The condition on the seventh day, when the large ice-belt was applied, was most alarming. The entire right lung was consolidated, and the dyspnœa, the cyanosis, and the "prune-juice" expectoration indicated the gravity of the prognosis. Seventeen hours after its application a distinct improvement was observed in the sputum and in the hue of the cheeks. Next day a very extensive change for the better had occurred in the physical signs, and this improvement advanced rapidly. It had attained a most remarkable degree before the crisis occurred. It is surely uncommon in pneumonia for manifest improvement in physical signs to commence thirty-six hours before the crisis, and in this case it seemed certainly due to the local influence of the ice. The comparatively low range of the temperature throughout (after the ice was applied) should also be noticed.

Case 16.—Harry D——, seven years old, an inmate of the Highgate Branch of the Children's Hospital, with a retracted right chest due to former empyema, the right lung being entirely collapsed (as was found on post-mortem examination some months later), was taken ill on June 22nd, 1887. I saw him next day, and found his temperature 104°, pulse 160, respiration 56. Feeling sure, though I could not prove, that pneumonia of the left, the only working, lung was commencing, I had an ice-bag at once applied over it. The temperature fell four degrees before the next morning, but gradually rose again, not attaining the same height, however, for forty-eight hours. On the third day of his illness I detected a small area of dulness over the root of the left lung, and at this spot bronchial breathing. He complained of pain at the epigastrium, and I noticed that his lips and cheeks were already livid. This was not surprising, for his other lung was useless. The prognosis was evidently most grave, and might even have been looked upon as hopeless. Next day, the fourth, the dulness was more extensive, being now four fingers' breadth in diameter, and albuminuria was present, but the complexion was not more blue than yesterday, and the boy seemed a little stronger. The icebag had been persistently applied. Pulse 160, respiration 60. On the fifth day the dulness was decidedly less, measuring now only two fingers' breadth, and the temperature was lower, ranging at about 102°; pulse 152, respiration 58. Epigastric pain continued. The sixth day resembled the fifth. On the seventh day the temperature fell to normal, and the ice-bag was removed. Pleuritic friction could now be heard over the dull area and below it. The pleurisy kept his temperature a little raised for a few days, but it gradually subsided without effusion of fluid, and the boy returned to his condition before the pneumonia. By-and-by he was able to go home, but three months later he came back to Great Ormond-street, and died there from cardiac failure. Post-mortem examination showed that the right lung was completely collapsed, the right side of the heart greatly dilated, and the tricuspid valve incompetent, the left auricle and ventricle and mitral valve being normal. The left lung was very voluminous; it was healthy except for some very old cretaceous and calcified tubercle at its apex; there were comparatively recent pleuritic adhesions over the left lower lobe. In this case it is hardly possible to doubt that the icebag saved the boy's life, in a condition otherwise hopeless.

F. Cases in which no very Obvious Benefit resulted from the Use of the Ice-bag.

Case 17.—James R——, aged five, was admitted into St. Mary's Hospital on July 8th, 1887, on the third day of his illness. Next day his temperature was 104°, pulse 150, respiration 50. No signs of pneumonia, however, could be discovered until the sixth day, when the upper lobe of his right lung became consolidated. An ice-bag was applied and kept on until the crisis, which occurred on the eighth day. It was not clear that in this case any distinct benefit followed from its use.

Case 18.—Edward S——, aged about forty, was admitted into St. Mary's Hospital on June 28th, 1887, on the second day of his illness. He was found to have a limited pleuro-pneumonia at the right base, and also an area of dry pleurisy at his left base. It was noticed that the heart's action was very feeble. Temperature 104°, pulse 120, respiration 32. An ice-bag was applied to the right base, but at the same time whisky was ordered, and its amount was increased from four ounces on the third day to six ounces on the fourth day and to nine ounces on the fifth. It was difficult to say whether the ice-bag did good, though the range of temperature was a little reduced, but it certainly did no harm, in spite of the great cardiac weakness and the consequent necessity for free stimulation. On the evening of the fifth day came the crisis; the ice-bag was discontinued and the whisky was gradually reduced. Satisfactory convalescence followed.

The above is a complete list of the cases treated by the ice-bag, of which I have notes, though in two or three other cases seen in consultation I have recommended its use, and improvement has followed and apparently been caused by it. Reviewing the eighteen cases narrated, I

may point out, in the first place, that none of them died. Many of the cases, indeed, were comparatively slight, and most of them occurred in children or young adults, in whom the prognosis of lobar pneumonia is usually good, however alarming the symptoms may appear to be. At least two, however (Cases 15 and 16, both of lobar pneumonia), would, I think, have certainly died but for the ice-bag, and two more (Cases 10 and 11, both of broncho-pneumonia) would almost certainly have done so.

In the great majority of cases remarkable improvement followed the application of the ice. The reduction of temperature which usually occurred at once was often very striking. Instead of the "entire degree" spoken of by Niemeyer as resulting from the use of cold compresses, it frequently amounted to three or four degrees, sometimes even more; on one occasion even to seven degrees. If a subsequent rise occurred it was usually to a decidedly lower level when the ice had been permanently applied, and though when the ice had been removed the subsequent rise often passed the original height, it was again rapidly reduced by a second application. These results were specially observed in children, perhaps partly because their temperature is more easily affected than is that of adults, and partly because the icebag covered a larger proportion of their smaller chest wall. But the improvement was not confined to a mere reduction of temperature. In many cases I noticed a striking arrest in the development of the physical signs, and also of the general symptoms of the disease; and it is particularly to be observed that in some instances this improvement began an entire day or more before the crisis, and was far advanced when that event occurred. This was very remarkable in each of the two gravest cases (Cases 15 and 16). Occasionally, in slight cases, the application of the ice was followed by immediate complete abolition of the disease; but this is obviously open to the fallacy that the crisis may have already arrived, and I therefore lay no stress on this. But, in the two cases of broncho-pneumonia seen in young children in their very earliest stage, it certainly seemed that the disease was promptly cut short. I have never seen any harm follow from the employment of the ice-bag in pneumonia. In one case, indeed, the notes of which have been unfortunately lost—that of a boy of seven years old, with a pneumonia of the right apex, accompanied by a pericardial rub,—so rapid a reduction of temperature followed the use of the ice that the child shivered and was cold, and the house physician felt it necessary to stimulate him. But when I saw him the next morning he was very lively. In a case of pyrexia, however, recently under my care, in which the diagnosis was doubtful until a typhoid rash appeared, and in which an ice-bag was applied to the left lung on the hypothesis that the cause might be a latent pneumonia (the patient being a boy of about six), distinct collapse was produced by the cold applications. The temperature fell to below normal, the boy complained of cold, became bluish, and shivered. The symptoms were easily removed by warmth and brandy. Similar effects may no doubt be produced in pneumonia by the incautious use of ice. They are the more likely to happen the younger the patient, and they are probably more easily produced in cases of broncho-pneumonia, especially in feeble and rickety children, than in cases of true lobar pneumonia. That they need not necessarily occur, however, is manifest from Case 10, which was one of broncho-pneumonia in an infant of only six months and a half. Their occurrence may, I think, almost always be prevented by a sufficiently careful observation of the temperature. I usually direct, at all events in the case of young children, that the temperature shall be taken every hour, and the ice-bag removed when the thermometer indicates 100°, and replaced if a rise to 102° follows. In some cases it is wise to apply warmth to the feet or even to the abdomen at the same time that the ice-bag is applied over the inflamed lung, and the internal administration of brandy may then also be of service. With these precautions it is often possible to use the ice-bag even in debilitated patients without harm. It will be well, however, to draw attention to another point. Dr. Lauder Brunton has suggested to me that the occurrence of collapse may sometimes be due to the direct action of the cold upon the heart, and I have seen him perform an experiment on the excised heart of the frog which illustrates this. A frog is pithed, and the heart rapidly cut out and isolated. It continues to beat regularly. If now it be chilled by the application of ice, the pulsation diminishes until it entirely stops. If the ice be removed and gentle warmth substituted, the pulsations recommence and soon regain their former rate and vigour. This alternation can be repeated two or three times. The experiment clearly shows the depressing influence of cold on the action of the heart, and it is no doubt wise to bear this in mind, and see to it that the ice-bag is not placed over the præcordial region. But I do not advocate the employment of this treatment in pneumonia in very feeble children, in the aged, or in adynamic conditions generally.

My conclusion is, that there is reason to believe that the ice-bag applied over a pneumonic lung has a directly curative influence, that it does not simply reduce the general temperature, but that it distinctly tends to repress the inflammatory process in the lung, with more or less success according to the severity of the case, and the height which the inflammation has already reached. This is true, whatever theory of the causation of the disease be adopted. Coccus or no coccus, the ice-bag benefits an ordinary pneumonia. Whether its action is beneficial in the epidemic and "pythogenic" forms of the malady I cannot say, having no experience of these. I will only add, as confirmatory evidence, that some months ago my colleague, Dr. Angel Money, published a note in one of the medical journals recommending the use of the ice-bag in the pneumonia of children, and that in THE LANCET of Aug. 10th of this year there is a statement that Dr. Fieandt, a Finnish medical man, "has treated no less than 106 cases of pneumonia with ice, and with the best results. Though ten of the cases were of double pneumonia, only three ont of the whole number succumbed, notwithstanding that the epidemic was by no means a slight one." Thus the mortality was only 3 per cent. With this may be contrasted some figures given in the same journal on July 27th of this year, in which it is stated that "in the 1000 cases of acute lobar pneumonia treated at the Massachusetts General Hospital from 1822 to the present time, there was a mortality of 25 per cent.;" and the authors add that "treatment has not influenced the mortality rate nor the duration of the disease or of its convalescence." If this rate of mortality had prevailed among my eighteen cases I should have lost four of them, and four is precisely the number which, as I have already shown, were almost certainly saved by the ice-bag.

ABDOMINAL SECTION FOR INTESTINAL OBSTRUCTION FOLLOWING OVARIOTOMY.

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THE risks and complications of ovariotomy are so well known and have been so ably and fully set forth that there remains but little to be added. There is, however, one complication which has been so little noted, and of which such very few instances have been published, that it seems pardonable to put on record the full details of the following case.

Miss X——, single, aged forty-three, came under the care of my friend Dr. John Anderson in the latter part of the year 1888. At that time she was suffering from the presence of an abdominal tumour, of which the following history was given. The growth had been noticed for the first time some two years previously. It had slowly increased in size since, but had not caused marked pain, nor had it interfered very seriously with general health. Menstruation had occurred monthly, lasted on each occasion about four or five days, was not accompanied by much pain, and, though becoming rather less free, was still fair in amount. Several surgeons had been consulted as to the nature of the tumour, but, as no vaginal examination had been allowed, their opportunity for an accurate diagnosis was necessarily curtailed. Some of these gentlemen had suggested the possibility of the growth being cancerous, and one had thought that the tumour was probably a fibromyoma of the uterus, and did not call for operation. The family history of the patient presented two points of in-

terest—(1) her mother was still living and suffered from the presence of a large abdominal tumour, concerning the nature of which Miss X—— could give no reliable information; (2) pulmonary phthisis had declared itself in a marked form in several near relatives. The patient herself was a lady possessed of high intellectual gifts, cultivated and refined, but whose physique was by no means proportioned to her quick, nervous energy; eye and cheek alike suggested that pulmonary phthisis would find in her a favourable victim. Beyond the occurrence of several bronchial attacks, one of which had necessitated a residence in the south of France, there was no past history of any disease. After making an examination of the tumour by the abdomen, Dr. Anderson came to the conclusion that the growth was very possibly a solid tumour of the ovary, and suggested that an obstetric physician should see the patient in consultation with him. For some time this was declined by the friends, but in the end of January, 1889, permission was granted, and on February 2nd Dr. Anderson met me in consultation. The following was the condition at this time: The whole lower abdomen was occupied by a solid tumour, which, resting apparently on the brim of the true pelvis, extended upwards to a distance of two inches and a half or more above the level of the umbilicus. The mass, which was slightly larger than the uterus at the seventh month, was apparently throughout of a stony hardness, its surface was regular, it could be pushed somewhat from side to side, and the abdominal wall moved over it in respiration. The flanks seemed to be occupied by a limited quantity of ascitic fluid, and a sharp and sudden pressure on either flank sent a thin wave of fluid across the growth.

Vaginal examination under the influence of chloroform showed that the uterus was small, acutely retroflexed, low in the pelvis, and quite separate from the abdominal tumour. On pressing upwards firmly, the lower extremity of the latter could be felt resting on the brim of the true pelvis. A diagnosis of solid ovarian tumour, probably of a malignant type, and accompanied by ascitic effusion, was given, and early operation recommended. Careful examination had already shown that the heart, lungs, and other large organs were healthy. The urine was tested and found to be normal. The tumour had grown considerably during the last few months, pain had increased, and flesh and strength were both being lost. Menstruation was still regular, but scanty, of poor colour, and somewhat painful.

The operation was performed, on February 16th, 1889, at 3 P.M., Mr. Braine giving ether and Dr. John Anderson assisting me. On opening the peritoneum, about two pints of dark-coloured ascitic fluid escaped. Some old parietal adhesions existed, but they were easily separated. The tumour was entirely solid excepting at its left upper angle, where a small cyst extended upwards towards the spleen. Owing to the firmness of the mass it was impossible to lessen its bulk materially, and the abdominal incision had to be extended upwards for three inches above the umbilicus. As soon as the tumour had been drawn out of the abdomen the upper part of the wound was sewn up to prevent escape of the intestines, and then, the pedicle having been compressed by two large forceps, the growth was cut away. The pedicle, which was short, thick, and three inches and a half wide, was formed entirely by the right broad ligament. The tumour was a fibro-sarcoma of the right ovary, and had the right Fallopian tube passing round in front of its pedicle. Having transfixed and tied the latter, it was dropped into the pelvis, the cleansing and irrigation of the peritoneal cavity effected, and the abdominal wound closed by ten sutures. The operation, which lasted one hour and twenty-four minutes, was followed by great shock, but from this the patient rallied very satisfactorily.

As regards the abdomen, nothing could have progressed more satisfactorily. There was no sign of any peritonitis. The bowels were well relieved by enema on the sixth day, and when the stitches were removed on the eighth day, the wound had completely healed by the first intention. During this first week, however, complications in connexion with the lungs commenced. On the very morning of the operation Miss X—— remarked that she felt one of her heavy chest colds coming on, and complained to a friend how unfortunate it was, inasmuch as she had been free for a long time from such attacks. Of this, however, nothing was said to Dr. Anderson or myself. On the evening of the third day the temperature rose to 101° F., and the pulse to 120. A short irritable cough commenced, and breathing became hurried and oppressed. Examination of the chest showed that broncho-pneumonia had established itself in the anterior and upper part of the right lung. Two days later the corresponding part of the opposite lung was attacked similarly, then about three days after this extension the left back was found dull in its lower half, and well-marked pneumonia of the lower half of the left lung was found to be present. During the whole of this time the temperature kept up between 100° and 101°, but the abdominal condition was normal and the bowels were open daily.

On March 4th, 1889, the patient was seen by Dr. Anderson, and the following report given:—Miss X—— is progressing very favourably; pulse about 90, soft, weak, regular; temperature has come down to normal; bowels open twice yesterday after a dose of the liquid extract of cascara. There is no complaint of pain, and the nights are good. Examination of the chest shows the presence of high-pitched breathing in both fronts, but the moist sounds have disappeared. The right back is clear, but the lower half of the left back is still somewhat dull; moist râles are heard over the dull area, but there is no tubular breathing. Cough is becoming less troublesome, and there is a fair amount of muco-purulent expectoration.—5th: My colleague received a letter this morning from the nurse, saying that sickness had occurred at 10 P.M. on the previous night, and had returned several times since; the morning temperature had fallen to 96·2°; the bowels had been open slightly. In the afternoon Dr. Anderson saw the patient, found no reason to attach much importance to the vomiting, and regarded the gastric disturbance as connected with the defervescence of the pneumonia.—6th: The bowels acted naturally and copiously this morning. Vomiting has recurred three or four times since yesterday afternoon.—7th: The past night has been very restless; vomiting has taken place at intervals, and on the last three or four occasions has been distinctly "stercoraceous." The bowels have not acted since yesterday morning; the pulse is 128, small, regular, weak. Temperature normal. The abdomen is slightly tumid, but otherwise seems perfectly normal. All food by the mouth was at once stopped; nutrient enemata were ordered to be given every four hours; ice to be sucked in small quantities occasionally. A sedative solution of five minims of opium and one drachm of water was given every four hours, by the mouth. At 9 30 P.M. things were in much the same condition; no vomiting had occurred since 2 30 P.M., but there had been slight retchings with eructations, which smelt fæcal, and nothing had passed by the bowel. Tongue moist and clean.—8th: At 11 A.M. it was reported that there had been no more stercoraceous vomiting, but some retchings and fæcal-smelling eructations. Temperature normal; pulse 108, weak. Urine, fair amount and normal. Tongue moist, but coated. Abdomen somewhat fuller, but soft, moving well with respiration, not tender at any point, resonant everywhere. General condition not so good; weakness increasing. It was decided, as no stercoraceous vomiting had taken place for some considerable time, to test whether the integrity of the intestinal passage had been restored by giving teaspoonful doses of peptonised milk and raw beef juice alternately every half hour. At 6 P.M. Dr. Anderson paid a second visit, and found that the stercoraceous vomiting had returned severely at 5.30 P.M. At a consultation later in the day it was decided that probably some portion of the small intestine had become constricted by a band of lymph, which was gradually contracting and compressing a portion of the gut, and that abdominal section should be again performed next morning.—9th: Present condition—Patient much emaciated; she has lost much flesh and strength during the past week. The eyes are sunken, and large dark rings surround them. There has been no action of the bowels since Wednesday. Tongue moist, but coated. The abdomen is distinctly tympanitic, resonant everywhere, soft and supple, not tender, and moves fairly with respiration. At 11.30 A.M. the patient was etherised by Mr. Braine, and, assisted by Dr. Anderson, I again opened the abdomen along the line of original incision, from the umbilicus to within an inch and a half from the upper border of the symphysis pubis. After opening the peritoneal cavity, a careful investigation revealed the fact that a knuckle of small intestine had become firmly fixed by adhesive peritonitis to the wall of the cavity just above the position of the cæcum. So broad and so firm was the union that it was necessary to dissect off the parietal peritoneum and set the gut free with the adherent portion of the latter attached to it. As far as could be judged, the knuckle of intestine

involved corresponded to the upper portion of the ileum; many coils of small intestine below the seat of obstruction were found lying collapsed and empty, but before the operation was concluded these had become distended again. Before closing the wound careful search was made for any further adhesions, with the result that two coils of small intestine were found lying close to the promontory of the sacrum, connected by soft fibrous bands of recent formation; these latter were tied and separated, and then the peritoneal cavity having been freely washed out with douches of boiled water at 100° F., the wound in the abdominal wall was closed by twelve silk sutures. The operation lasted an hour and a half, and at its close the patient was much exhausted; but after being in bed about half an hour and having two ounces of brandy by enema a good reaction was secured. Soon after returning to bed about a pint and a half of yellow feculent fluid was vomited; but at 5 P.M. there had been no more sickness, a good rally had taken place, the pulse was 120 and much improved in force and volume, and the patient's countenance had lost its death-like appearance. At 6 P.M. a slight attack of stercoraceous vomiting occurred, and at midnight a little sour-smelling fluid (not feculent) was brought up; but after this time, though there was a little retching, no more vomiting took place. The usual dietary after abdominal section was observed; the patient rapidly improved, flatus was passed by the rectum about six hours after the operation, and on the fourth day the bowels acted freely and copiously without any recourse to aperients. A week later the stitches were removed, and though the wound gaped a little superficially, all the deep parts were firmly and strongly united.

A month later the condition of the abdomen was perfect, the patient had gained flesh, and, with the exception of some slight mischief remaining in the left lung after the pneumonia, the recovery was in every respect perfect.

Remarks.—In the light afforded by the second operation there is little difficulty in reading the course of events and explaining the formation of intestinal obstruction in the foregoing case. During the extraction of the large solid ovarian tumour from the abdominal cavity several old peritonitic adhesions passing from the wall of the abdominal cavity to the tumour were separated. On the right side, at the spot where the coil of small intestine was found glued to the parietal peritoneum, the latter had been rendered raw and bare by the tearing away of an adhesion with a broad base during the process of extraction of the growth. At the time of operation some extra care had to be given to this spot to stop bleeding and to trim up the torn surface of the peritoneum. Doubtless during the process of repair the knuckle of small intestine became fixed to this spot by adhesive peritonitis, then, as the days of convalescence went on, the gut was gradually constricted and narrowed by the contracting lymph, till at length the kinking and paralysis of peristaltic function led to complete obstruction. The difficulty experienced at the second operation in detaching the adherent intestine from the abdominal parietes was a proof that the adhesion had been steadily consolidating since the first operation, and very suggestive in itself of great interference with the function of that part of the bowel. The collapsed condition of the intestine below the seat of adhesion, and the way in which the gut became distended again after the adherent portion had been set free, left no doubt as to the site and completeness of the obstruction. The possible causes of intestinal obstruction after ovariotomy are manifestly numerous: fixation by adhesive inflammation to the pedicle, to the abdominal wound, to the site of separated adhesions, twisting of intestine by manipulation during the operation, inclusion of a loop of intestine in the pedicle ligature, slipping of a coil of the gut into surgical traps such as are formed when the pedicle is treated by the extra-peritoneal method, or when the stump of the broad ligament is stitched to the back of the abdominal wound, will readily suggest themselves. It is not, however, so much with the causation of the obstruction as with the possibility of making an early and accurate diagnosis that the surgeon has to do. Where the site of the accident may be, and by what means the block has been formed, can seldom if ever be decided with useful accuracy until the abdomen is reopened. Hirsch,[1] in his article on "Intestinal Obstruction following Ovariotomy," points out that the diagnosis has to be made under two different conditions: in one class of cases the obstruction is formed at the time of operation, as when a loop of intestine is included by the surgeon in his pedicle ligature; in the other class the obstruction forms slowly, as in the case now under consideration, and the patient has practically recovered from the ovariotomy before any signs of obstruction manifest themselves. In the second group the diagnosis is generally easy, and the decision of reopening the abdomen can be arrived at while the condition of the patient holds out a fair prospect of a successful issue; but in the first group the symptoms of intestinal obstruction are so intermingled with those of traumatic or septic peritonitis that an absolute diagnosis is exceedingly difficult, and the patient is generally so far gone before the surgeon considers himself justified in reopening the abdomen that all hope of relief by laparotomy has to be abandoned. Hirsch in his paper gives fourteen cases of intestinal obstruction following ovariotomy, and in only one (Case 8) was a secondary laparotomy done. This case was similar to that of Miss X——, in that signs of obstruction did not appear till late in the convalescence, and in that operation on the twenty-first day was followed by a successful result. With the increasing and more perfect knowledge of abdominal surgery, and with accumulating records of successful results, it is highly improbable that cases of the kind just quoted, in which obstruction has occurred late and signs of the accident are clear, will be allowed to die without an attempt being made to relieve them by surgical interference; but in those cases (which unfortunately form the majority) where symptoms of intestinal obstruction appear early and are complicated or masked by the presence of general peritonitis, either traumatic or septic, the surgeon will always be placed in a position of cruel uncertainty. Some may say that the abdomen should be opened in any case, as it enables us to search for and relieve an obstruction, should such exist; and, on the other hand, should septic peritonitis be present, it gives the opportunity for washing out the peritoneal cavity and inserting a drainage-tube. As regards this latter point, however, Mr. Alban Doran[2] remarks: "Judging from what I have seen, septicæmia, when it has once set in, is very unamenable to any active kind of treatment." My own experience is entirely at one with this statement; and while our surgical instinct renders us unwilling to leave a patient with actual mechanical obstruction unrelieved by operative interference, our past experience makes us yet more hesitating in using the knife in cases where further surgical proceedings may only hasten the end. In the group we have just been considering each case must be more or less a law unto itself; and in deciding the question of a secondary operation, the surgeon will be guided more by his surgical instinct, by the study of small details, and by his past experience, than by the formulation of any general rules.

The patient is now (October 28th, 1889) in admirable health, and is actively engaged in her ordinary literary pursuits.

[1] Archiv für Gynäkologie, Band xxxii.

[2] Gynæcological Operations, p. 260.

A CONTRIBUTION TO THE

STUDY OF CHRONIC VALVULAR DISEASE OF THE HEART,

BEING

AN ANALYSIS OF ONE HUNDRED AND FIFTY CONSECUTIVE CASES SEEN AT THE GLASGOW ROYAL INFIRMARY DISPENSARY, WITH A SPECIAL LIST OF CASES BEARING ON THE INFLUENCE OF PREGNANCY IN CHRONIC VALVULAR LESIONS.

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(Concluded from p. 848.)

THE influence of pregnancy upon the prognosis in heart disease is a subject of very considerable interest, and one in which it is of importance to have definite grounds on which to form an opinion. I have recorded the cases of twenty-six women suffering from valvular disease, who had borne children, and a brief summary of these follows.

CASE 1.—Mrs. R——, aged thirty-eight. In 1869, four weeks after her first confinement, was treated in the

Glasgow Royal Infirmary for dropsy. During her residence the first hæmoptysis occurred; cardiac disease was detected at that time. During her second pregnancy she again had hæmoptysis, but not since that time. Three subsequent confinements were without trouble. The sixth was followed by dropsy; the seventh normal. The eighth pregnancy was complicated with dyspnœa and œdema of the lungs, and convalescence from confinement slow. She is again three months pregnant, and suffering slightly from dyspnœa. This woman has been under observation for four years, and presents the murmur of mitral stenosis in its most typical form. Last month, for the first time, the cardiac dulness was noted to be enlarged to both sides, and over the right ventricle a brief ventricular systolic murmur was heard. During these twenty years she has never for any considerable time been unable to perform her household duties—those of a labourer's wife. Whenever she feels the breathlessness increasing to such an extent as to threaten to interfere with her work—i.e., during pregnancies, she comes to the dispensary and improves at once on iron and digitalis. She never had rheumatism, rheumatic or severe growing pains.

CASE 2.—Mrs. M——, aged twenty-seven, came complaining of abdominal symptoms. Pelvi-peritonitis after parturition; very weak, and badly cared for. Accidental discovery of murmur of mitral stenosis. No spontaneous complaint of cardiac symptoms, but admitted having dyspnœa during last pregnancy; no cardiac symptoms under observation. No history of rheumatism. When last seen was apparently quite well.

CASE 3.—Mrs. M——, aged thirty-nine. Complaint: pains in head and back, and menorrhagia. Well-marked auriculo-systolic murmur. Subacute rheumatism after childbirth seventeen years previously, and less severe pains since. Has had several children since, and rheumatic pains are most marked after confinements. Has never had cough or spit, but has occasionally had dyspnœa on exertion, and palpitation when excited.

CASE 4.—Mrs. C——, aged forty-two. Complaint: shortness of breath, cough, and weakness. Well-marked auriculo-systolic murmur. No history of rheumatism, but "inflammation of lungs" six years ago, and frequent attacks of bronchitis and shortness of breath since then, with hæmoptysis three years ago. Five children, the youngest two years old. No history of special troubles during pregnancies.

CASE 5.—Mrs. H——, aged forty. Complaint: weakness and "choking." Had acute rheumatic fever seventeen years ago, eight months after first confinement. No recurrence of rheumatic pains. During seven subsequent pregnancies has had dyspnœa and cough; severe hæmoptysis during second and eighth, and occasionally at other times. Had not noticed dyspnœa and cough until within past few years, except during pregnancies. No œdema of the feet. Always recovered rapidly from confinements, but during last pregnancy (five years ago) was confined to bed almost all the time. Auriculo-systolic murmur at the apex. When seen she was decidedly ill.

CASE 6.—Mrs. H——, aged thirty-eight. Complaint: cough and hæmoptysis. Was well, save for slight cough, till two years and a half ago, when, during pregnancy, cough became worse and hæmoptysis occurred; no œdema. Recovered some time after confinement, but hæmoptysis has recurred. Is not pregnant. Auriculo-systolic murmur at apex. Rheumatic pains in childhood, but never so severe as to confine her to bed.

CASE 7.—Mrs. W——, aged twenty-eight. Complaint: dyspnœa, cough, hæmoptysis, and pain in left side. Typical murmur of mitral stenosis. Six attacks of rheumatic fever, the first eleven years, the last five months ago. Had palpitation since first attack; hæmoptysis only within past six months. Was married ten years ago, and is now pregnant with her seventh child. Was always well during her pregnancies, except during the last, when she had a discharge of blood for two months before the birth of a stillborn child at full time.

CASE 8.—Mrs. R——, aged fifty-two, Complaint: debility, diffuse pains, and heart disease. Has suffered from cough, slight spit (rarely bloody), dyspnœa, œdema, &c., at various times during many years past, and thinks that some of these first occurred shortly after a severe attack of rheumatic fever thirty-three years ago, when she was told that her heart was affected. Has had rheumatic pains since, but never severe. Had one child, without troubles during pregnancy or afterwards. When last seen seemed quite well. Well-marked mitral stenosis.

CASE 9.—Mrs. H——, aged twenty-seven. Debility, cough, and pain over heart and down the left arm, aggravated on coughing. Four years and a half ago, after an indefinite period during which she had been aware of pain in the left arm and of palpitation on exertion, she was suddenly, when at hard work, seized with hæmoptysis, not very copious. Since then precordial pain and troublesome cough, with frequent blood stains in spit. For two years has been scarcely able to do her household work. Had had two children prior to attack of hæmoptysis, without trouble during pregnancy or afterwards. Has since had three children, at full time, and has had hæmoptysis during each pregnancy. During last pregnancy had general anasarca, which persisted for a month after delivery, since which she has not regained her former health. Pure mitral stenosis discovered on examination. No history of rheumatic or growing pains.

CASE 10.—Mrs. McK——, aged thirty-two. Complaint: "lungs gone." Œdema at bases of lungs; dyspnœa, slight cough and spit; has often spit blood, first about eight years ago during pregnancy. Rheumatic fever seventeen years ago; no symptoms till eight years ago. Loud auriculo-systolic murmur, and perhaps also a brief ventriculo-systolic murmur at apex.

CASE 11.—Mrs. F——, aged forty. Repeatedly under observation for two years, and when last seen very ill with dyspnœa, cough, and general cardiac distress; well-marked double mitral murmur; never acute rheumatism, but severe growing pains. Dates cardiac condition to a period two days after seventh confinement nine years ago, when a fright induced severe dyspnœa, hæmoptysis, &c. Has had repeated similar attacks, and has never been quite well. Four children since; never very ill during gestation, no difficulty at confinement, but convalescence always tedious. Six months after last confinement had temporary right hemiplegia and aphasia.

CASE 12.—A. F——, aged thirty-two. Cough and hæmoptysis; mitral stenosis and regurgitation. Rheumatic fever at age of thirteen, and again eight months ago a slight attack; hæmoptysis nine months ago. One child six years and a half ago; very ill during pregnancy and long afterwards.

CASE 13.—Mrs. J——, aged thirty. Complaint: shiverings and hæmaturia of two days' duration. Double mitral murmur. Rheumatic fever at thirteen and fifteen years of age, and heart was under suspicion then. In eighth month of fourth pregnancy; three previous pregnancies normal. Never had dyspnœa till present pregnancy, but has had palpitation since marriage nine years ago. Slight hæmoptysis six weeks ago, and severe hæmoptysis a month after being first seen.

CASE 14.—Mrs. R——, aged twenty-nine. Left hemiplegia of four years' duration, but now only slightly marked, preceded by right hemicrania. No history of rheumatic fever, but has had "rheumatic pains." Has had palpitation. Three children before the seizure, one stillborn, one premature, and a third that died at four months of "nævus." One miscarriage since. Mitral regurgitant murmur and doubtful murmur of mitral stenosis. (History regarded as possibly syphilitic.)

CASE 15.—Mrs. B——, aged fifty. Complaint: dyspnœa, cough, sleeplessness, and pain in left side. Had cough and shortness of breath since she was a girl, especially in winter, but never confined to bed with these till ten or twelve years ago. Never had rheumatic fever, but slight rheumatic pains not infrequently. Six children, all born at full time and nursed by herself. During pregnancies great œdema of legs for last three months. A year ago hæmoptysis for first time, and frequently since. Marked auriculo-systolic murmur, and probably also ventriculo-systolic, at apex; very cyanotic and fingers clubbed.

CASE 16.—Mrs. M——, aged fifty-five. Complaint: general anasarca of several years' duration, with cough and dyspnœa, the cough dating thirty years back. Rheumatic fever twenty-one years ago, but never since. Aware that her heart is affected, but cannot give date of origin. Had two children since rheumatic attack, and suffered more with them than with previous eight. Marked mitral regurgitration. Very weak and livid.

CASE 17.—Mrs. McG——, aged twenty-six. Complaint: general anasarca of a week's duration, but with history of two previous attacks—the first three years and the second

eighteen months ago,—attributed to drinking, which she has indulged in to great excess for three years, so that each "spree" now ends in delirium tremens. Mitral and tricuspid regurgitant murmurs. Was married very young, and had her first child before she was fifteen, a second eighteen months later, and a third in other two years; all three living and healthy. About a year later had a miscarriage at the fourth month, and in rapid succession two others about the same period, and about three years ago a still-born child at eight months; has never been pregnant since. Always had hæmoptysis during gestation, but never œdema. Since she was fourteen has always had a cough, specially severe in winter; also great shortness of breath and palpitation since her third pregnancy. No history of rheumatic or other pains. Never had sore-throat or rash.

CASE 18. — Mrs. S——, aged forty-nine. Complaint: dropsy of limbs and body of a year's duration, with shortness of breath, palpitation, and debility. Mitral regurgitation. Severe rheumatic fever twenty-one years ago; no recurrence. Had several children before that, and five since. While pregnant with the latter seems to have suffered more from œdema of legs than on former occasions, but had no other trouble. Two years ago had severe hæmoptysis. While under observation had severe attack of melæna.

CASE 19.—Mrs. C——, aged sixty-two. Came complaining "of her heart"—palpitation, dyspnœa, cough, expectoration, and œdema of the legs. Tumultuous action of the heart, with hypertrophy of the left ventricle; mitral and tricuspid regurgitant murmurs, and a suspicion of an auriculo-systolic mitral murmur; great accentuation of the pulmonic second sound. Duration unknown; never had rheumatism or rheumatic pains. Had five children, and no trouble with any of them. [Very doubtful if cardiac disease was present during childbearing.]

CASE 20.—Mrs. McG——, aged thirty-five. Complaint: "dropsy"—œdema of limbs and ascites, with breathlessness, cough, and great lividity, dating from three months before the birth of her seventh child, three months ago. Four years ago, during her fifth gestation, had a similar attack with occasional hæmoptysis, and the sixth pregnancy was associated with similar, but less marked, symptoms. The last three pregnancies ended at the seventh month, as did also the first; but second, third, and fourth reached the full time. The first four pregnancies were not associated with dropsy or other troubles. Hypertrophy of left ventricle, with marked ventriculo-systolic murmur at the apex and a doubtful trace of auriculo-systolic; marked accentuation of pulmonic second sound. No history of acute rheumatism, but during second pregnancy had severe pains in legs and feet, confining her to bed for weeks, and has since been more breathless and more troubled with cough than formerly.

CASE 21.—Mrs. McJ——, aged thirty-eight. Complains "of her heart," precordial pain, dyspnœa, lividity, &c. Seven years ago had rheumatic fever, and has had slight attacks since. No cardiac symptoms till three years and a half ago, when, a week after the birth of her ninth child, she was suddenly seized with shortness of breath and hæmoptysis, ever since which she has had dyspnœa and palpitation. Has had ten children, the seventh eight months prior to the rheumatic attack, the eighth about two years later, the ninth as above, and the tenth about two years ago. She did not suffer more during the later than during the earlier pregnancies, and never unduly. Hypertrophy mainly of left ventricle; great irregularity of cardiac action; brief mitral ventriculo-systolic murmur, and probably also an auriculo-systolic; pulmonic second sound not much accentuated.

CASE 22.—Mrs. M——, aged twenty-two. Debility, cough with sputum streaked with blood, dyspnœa, and œdema of feet at times. One child, lately weaned. Aortic regurgitant murmur. Doubtful history of rheumatism.

CASE 23.—Mrs. G——, aged fifty-three. Cough, shortness of breath on exertion, and palpitation, said to be of only a fortnight's duration. At apex auriculo-systolic and ventriculo-systolic murmurs; at base double aortic murmur. Had rheumatic fever fifteen years ago, when carrying her sixth child, after the birth of which she had "inflammation of the side" with hæmoptysis. No recurrence of rheumatism or hæmoptysis. Has had a seventh child since, without any trouble. Left arm and hand much atrophied since twenty-eight years ago; onset with pain and "dumbness" in thumb; no injury.

CASE 24.—Mrs. M——, aged fifty, complains of painful cramps in both legs and in left arm, of which she has had several attacks during the past fortnight, each lasting for a couple of hours or thereabout. Has had a cough during the past six months, with whitish sputum tinged with blood during the past six weeks, due, she believes, to epistaxis. Considered herself healthy till five years ago, when she got a fright and thereafter suffered from giddiness. Has never had marked dyspnœa, never had acute rheumatism, but suffered from rheumatic pains some three years ago. Marked double aortic murmur. Was married at fourteen and had twelve children.

CASE 25. — Mrs. G——, aged forty-eight. Complaint: palpitation, cough, and pain and swelling in the epigastrium. Double mitral murmur and double aortic murmur. Rheumatic fever ten years ago, and three recurrences. Since first attack shortness of breath, worse during the past two years. Since first rheumatic seizure has had two children, and was weak while carrying them, but had no special troubles.

CASE 26.—Mrs. N——, aged thirty-six. Complaint: precordial pain, headache, giddiness, palpitation, dyspnœa, and occasional hæmoptysis. Rheumatic fever twenty-six and twenty years ago, both bad attacks; occasional pains since. Nine years ago, three months after her first pregnancy, she fell from a height and was severely hurt; thereafter giddiness and dyspnœa. Two pregnancies since then, the last three years and a half ago, and had swelling of legs with both, but no hæmoptysis, which began only three years ago. Marked cardiac impulse with enlargement of dulness, but with slight thrill at apex. When first seen murmurs diagnosed as of mitral obstruction and regurgitation with probably aortic stenosis also, and exceptionally accentuated pulmonic second sound. When next seen, accentuation of second sound quite absent, and murmurs then unequivocally of aortic obstruction and regurgitation without suspicion of mitral lesion.

In only one or two of these cases does there seem to be any doubt that the cardiac lesion had preceded the birth of some of the children. Now, of these cases 9 were suffering from pure mitral stenosis, 8 from combined mitral stenosis and regurgitation, and 2 from pure mitral regurgitation; a total of 19 with pure mitral disease. Of the others, 2 had mitral and tricuspid lesion, 2 mitral and aortic, and 3 pure aortic disease. The great preponderance of cases of mitral lesion, and especially of mitral stenosis, is here very striking, and the histories of repeated pregnancies without much general disturbance, as seen, for instance, in a most marked form in Case 1, lead to the inference that the prognosis, even when pregnancy occurs, must in cases of that kind be regarded with considerable hopefulness. This view is entirely at variance with that expressed by the late Dr. Angus Macdonald in his book on "Heart Disease during Pregnancy," in which he gave it as his opinion that mitral stenosis was the most serious cardiac complication of pregnancy. It is, however, entirely in accordance with the general view of this lesion expressed above, and with the general tenor of Dr. Gairdner's teaching.

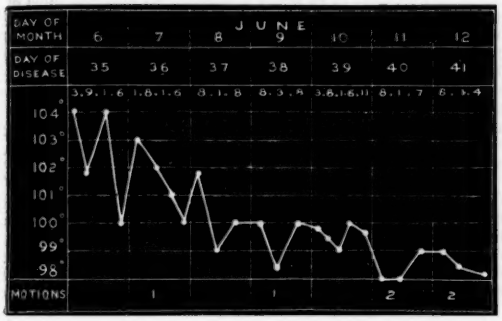
In regard to the general prognosis of cardiac valvular lesions, then, while admitting the gravity of all such affections, I would, from the experience I have had at the dispensary, incline to take a more favourable view than is often done. Even with regard to aortic incompetency, I am more hopeful than I once was, when I consider the condition of comparative health which many of the cases presented, their considerable duration, and the conditions under which the patients' lives were spent. For it must be remembered that almost all of these cases occurred among the very poor, whose circumstances were in all respects unfavourable from a prognostic point of view, and the great majority of whom, even when under observation, had to work hard for their living. In the more favoured classes of society, therefore, the prognosis ought to be all the better.

Treatment.—On this I have little to say, for the dispensary is not a suitable field for testing remedies, those who continue under observation not being able to carry out the general regimen ordered, and not being sufficiently under our control for the results of treatment to be carefully noted, while the more severe cases are always sent into hospital. In general terms, I may say that I have used both digitalis and strophanthus, especially in mitral disease, and such remedies as the iodide of potassium and nitro-glycerine in suitable aortic cases, with benefit. I need scarcely add that I have never regarded the mere discovery of a murmur as an indication for treatment.

TYPHOID FEVER; PERFORATION; RECOVERY.

BY GEO. A. BRANSON, M.R.C.S. &c.

A. B——, a professional nurse, aged twenty-six years, who was engaged from Melbourne to take care of a little typhoid patient early in April, complained to me on my evening visit (May 5th) that she herself had been "awfully bilious for the last two days." On examination I found she had a temperature of 104°, pulse 110, skin dry, and furred tongue. I told her that she probably had contracted typhoid, and that she must at once go to bed, and stay there. I ordered her hyd. subchlor. (gr. viii.) and pulv. jalap co. (gr. xii.), and sent for a woman to nurse her. (See Chart.) The chart shows, in a most interesting manner, the course her attack ran. The high rise of temperature on the seventh evening of the disease was due to excitement about the arrival of her great friend and fellow nurse from England, Miss Crabtree, whom I had telegraphed for to come up from Melbourne to nurse her. The only medicine I gave her, besides the powder above mentioned, were four minims of the tinctura veratri viridis every two hours until her pulse was below 100, until the tenth day of illness, when, her motions becoming very fetid, she took two grains of naphthaline night and morning for three days, with good result. She ran through an ordinary attack of typhoid upon strict milk diet until the twentieth day, when I was foolish enough to give way to her entreaties, and to permit her to



sit up in bed and to take a cup of chicken broth. For this nature severely rebuked us; her temperature that night went up to 101·4°, and the following night to 103·4°, and her pulse grew rapid again. She then developed phlebitis of the left femoral vein, with great pain, swelling, and stiffness in the thigh and leg; the pain and swelling subsided considerably in three days, but on the evening of the twenty-fifth day her temperature again ran up; pulse 115, weak, and easily compressible. Her tongue became very foul, so I put her on tincture of nux vomica and dilute nitro-hydrochloric acid, of each ten minims, to be taken three times a day, and half-ounce doses of brandy every three hours.

On the evening of the twenty-sixth day her temperature ran up to 103·6°, and, although she was freely sponged with cold water, at 8 A.M. the following morning it was 103·8°. Fifteen grains of antipyrin brought the temperature down a little, but depressed her considerably. On the twenty-eighth day she appeared to be better in every way; but as she was constipated I gave her an enema of ten ounces of hot water, and she responded with six semi-solid light typhoid-coloured stools; her temperature and pulse both ran up again at night, and the following morning her temperature was 104° and her pulse 130. No pain anywhere; she was quite sensible and cheerful, and took the brandy and milk well. The following morning, thirtieth day, she complained of feeling sick after the milk, so I ordered her whey instead; she passed two motions during the morning and one in the evening—small ones with nothing abnormal; but her pulse was very threatening, 140 per minute, and weak, so I put her upon carbonate of ammonia, tincture of digitalis, and sulphate of ether. The following morning, thirty-first day, she again complained of feeling very sick, with considerable pain in the right cæcal region; tongue heavily furred, but not dry; respiration short and hurried, pulse 130, temperature 103°. I ordered hot fomentations to the abdomen, and at midday went back to see her, and found the pain in the abdomen almost gone, the skin covered with cold clammy sweat, pulse imperceptible at either wrist, temperature 104°, abdomen commencing to swell, violently sick and retching; hiccough also present. Heart beating 145 per minute. As the patient had not a single relative in Australia, I told her friend the nurse I was of opinion that perforation of the bowel had taken place, and that the patient might last six hours. Fortunately they were living close to my house, and I could see the patient frequently. At 5 P.M. her temperature was 105°, abdomen much more distended, breathing very shallow and rapid; kept poppy fomentations and a binder on abdomen; pulse imperceptible, patient quite sensible, felt cold, and kept vomiting terribly. No ice could be obtained in the district. Ordered her enemas of brandy and beef-juice every three hours. At 10 P.M. her temperature was down to 100·2°; still pulseless at wrists; heart beat 130. Skin cold and clammy; retching continued, but retained enemas well. Breathing very spasmodic, entirely thoracic. She said her throat was suffocating her. I gave the nurse a bottle of chlorodyne, and directed her to give the patient twelve to fifteen minims very frequently, if restless, either by mouth or rectum; abdomen greatly distended. At 1 A.M. on the thirty-second day her temperature had fallen to 98°. Abdomen intensely distended, pulse imperceptible; still cold sweat and retching. Ordered hot-water bottles to be put round her, to push the chlorodyne and brandy, and gave her eight grains of carbonate of ammonia, which she quickly ejected. I gave her a hypodermic syringeful of rectified ether, and directed the nurse to give her a syringeful of brandy and ether alternately every half hour; absolutely nothing by the mouth. My prognosis was that she would be dead before daylight; but, on returning at eight next morning, I found that my patient had slept three hours and a half, and although her temperature had been subnormal all night, she was no worse than she was seven hours previously. To continue with the brandy enemas and brandy-and-ether hypodermic and chlorodyne. At 1 P.M. her temperature was up to 99°, but she was weaker, and took less notice of my visit than formerly; from 5 P.M. until midnight she was sinking fast, delirious, pulseless, cold sweat, and intense abdominal distension; could not count her heart beats; still retching violently. On visiting her at eight o'clock next morning (thirty-third day of disease) I found she had slept for a few hours, and had lost the delirium and cold sweat; temperature 102·6°; still retching; pulse at wrist 130; abdomen same as yesterday. Ordered the nurse to continue the brandy enemas, to apply mustard to the stomach, push chlorodyne and ether, and to give half a drachm of oil of turpentine every three hours. Her temperature at 5 P.M. was 104·4°, but her pulse was stronger, and she was not so sick as she had been; no pain whatever. At 1 A.M. the following morning her temperature was 104·8°, but at 11 P.M. it was 102·5°, and she was decidedly better; less sickness, pulse stronger, abdomen still intensely distended. The following day her temperature varied from 104° in the morning to 100° at night, and she was improving splendidly; tongue foul, but no sickness or retching; no pain; less distension; took and retained a little brandy-and-milk by the mouth. To keep on taking chlorodyne, and to take eight grains of bicarbonate of soda and half a drachm of spirit of ether every three hours.—Thirty-sixth day: Slept well last night; tongue cleaning up; abdomen going down; pulse 110, and much stronger; no sickness, so gave her some raw beef-juice and brandy, and, as she had not passed any motion for more than five days, I ordered her a small enema, which pained her considerably, but acted once very efficiently. From this time onwards she improved very rapidly. Her next motion, on the thirty-eighth day, contained a number of small sloughs, and was remarkably offensive. Abdomen getting quite retracted. On the fortieth day she passed a slough fully six inches long by half an inch in diameter; very foul odour. She then made an uninterrupted recovery, and could walk about before returning to Melbourne on June 28th.

I must apologise for these somewhat rough notes. They were hurriedly made in a busy time of a large Bush practice, and with no intention of publication; but there are many points which appear to be of great interest. Was

the relapse on the twentieth day due to my allowing her to sit up and to have chicken broth? I fear so; and yet this rise of temperature might be due to the phlebitis of the left femoral vein; for although the temperature went up to 101·4° that night, and the following evening to 103·4°, yet the next three nights it was not high. There can be little doubt that actual perforation of the gut took place, followed by peritonitis with efficient adhesions. Bristowe, writing of perforation, says: "Death almost invariably follows this lesion, and generally occurs within a couple of days, sometimes in the course of a few hours." I had one other case of perforation this year which proved fatal sixty-eight hours afterwards. I attribute the patient's recovery to the splendid nursing she received, to her own great pluck, to peritonitis, to keeping the bowels quiet with opium, and to the hypodermic injections. Although the actual perforation may have been small, yet the amount of tissue destroyed was immense. Naphthaline answered well as an internal deodorant and disinfectant; I have also used for this purpose iodoform dissolved in sulphate of ether, then mix with vegetable charcoal, evaporate the ether, and mix with glycerine.

Tungamah.

LEPROSY IN KASHMIR: ITS DISTRIBUTION AND ETIOLOGY.

BY ERNEST F. NEVE, M.D., F.R.C.S. ED.,
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FOR my purpose the country of Kashmir may be subdivided into:—1. The valley proper—a tract about fifty miles by thirty, comparatively level, bisected by the river, containing several large sheets of water—one, the Woolar, being the largest freshwater lake in India. In the centre of the valley is the city of Srinagar. 2. The tributary valleys, averaging thirty to forty miles in length, comparatively narrow, leading down by steep gradients from the great watersheds. 3. At the heads and sides of these valleys, and also at an elevation all round the main valley, are the uplands and mountain pastures. The population, which is less than half a million, may be grouped as A, urban; B, agricultural; C, fishing; D, herdsmen. In Division 1 of the valley we have Groups A, B, and C. In Division 2 Groups B and D. As we penetrate into the mountains the latter group ever increases.

Now, let us glance briefly at two points—viz., the diet and the distribution of leprosy. Speaking generally, the diet of Groups A and B is rice, a great assortment of vegetables and fruit, meat, milk, and a certain amount of fish. The diet of Group C would be somewhat the same, but includes a very large amount of fish, especially in the case of the boating population around the Woolar lake, to whom fish is a staple article of diet, both fresh and dried. There is a small dried fish industry, and fish thus prepared is sent up to the city. The diet of Group D is largely composed of milk and milk products. To a less extent the herdsmen eat the other articles above mentioned; but from fish they are cut off, from their position, being usually far removed from the lake and river, while the snow streams do not contain fish. Lepers are rather numerous in Kashmir. During the past year we have seen eighty-six as out-patients. Of these, at different times, forty-four have been admitted as in-patients into a special ward. Notes have been taken of many of these cases, but chiefly with regard to their condition and treatment. I have drawn up a table of lepers seen, with the exception of five, within a fortnight. An analysis of this will illustrate some points in distribution and etiology.

The prevailing type is mixed tubercular and anæsthetic leprosy. The number of cases twenty-two; the majority males. Of these eleven were from Division 2 of the valley, six from Division 3, two from Divisions 2 to 3, one from Division 1, while two were unknown. With regard to population groups, one was from Group A, twelve from Group B, none from Group C, three from Groups B, D, four from Group D, while two were unknown. Nine gave a history of other lepers existing in the district or village from which they came; seven denied the presence of other lepers there; six were uncertain whether there were or not. Fifteen stated that absolutely none of their relatives had the disease; one said his mother was affected; in the case of another, one sister only was leprous; a third stated that only his mother and one sister were diseased; in the case of a fourth, only an uncle was affected; another patient gave a history of his grandfather being a leper, but his father not; and, finally, one had a brother a leper. In the case of one, the condition of the relatives was unknown. Interrogated as to fish diet,[1] nine had eaten fish frequently, two occasionally, one perhaps in infancy, five never. With regard to the remaining five I have no record.

Now this analysis suggests several interesting considerations:—

(*a*) A preponderance in males. We do not see many female lepers. According to our books, the percentage of this sex does not exceed 16.

(*b*) We note that Division 2 of the valley contributes rather more largely than the others. This is partly due to its proportionately large population; then in the winter the people from Division 3 come down into the neighbourhood of Division 2; yet I am inclined to think that if the table had embraced a larger number of cases that Division 3 would be found to contribute the largest number of lepers—viz., from amongst the herdsmen of the country.

(*c*) The question of the existence or not of other lepers in their district is one on which the testimony of patients is not worth much, as signs in others are often slight and intentionally concealed.

(*d*) With regard to relatives their testimony is more valuable, because living in the same house they have opportunities of judging. The result of the inquiry is interesting as affecting the question of heredity and contagion. It is a striking fact that in so many instances no other member of the family was affected, as is also the way in which individuals are selected by the disease, and occasionally a generation is skipped. Certainly we should not get such a clean bill of health in the case of the tubercular diathesis. I have examined the near relatives myself in several cases, and satisfied myself as to their freedom. It is the same with regard to their offspring. One patient informs me that his wife, son, and two daughters have all been constantly living with him till recently, yet all are healthy.

(*e*) In any country where fish is abundant, of course it forms an article of diet. If the questions had been about milk, or rice or mutton, probably every member would have answered in the affirmative. It is a very significant fact that not a single member of Group C, the fishing population, is to be found on my list. Indeed I do not remember ever having seen a leprous boatman.

Contagion.—There is nothing in Kashmir which can be said really to favour the idea of contagion. The histories of the above patients are rather against it. Still, one is confronted by the question, If leprosy is neither hereditary nor contagious, why does it not die out? I feel that the grouping of the lepers is important. When travelling in the different parts of the valley, if in a given district one leper is found, others will not be far distant. This tends to indicate certain endemic propensities. Again, the fact of heredity being apparently not a very strong factor in reproducing the disease tends to make communicability more probable.

If leprosy is contagious, it is so either by (1) aerial transmission, (2) inoculation, or (3) diet. The first appears opposed to all one's experience. The second, as far as Kashmir is concerned, has never been proved, although the leprous bacillum has been found present in the discharges. If contagion occurs, it must take place only under favourable circumstances. Surgeons who do the operation of nerve-stretching on lepers do not escape an occasional prick of the fingers. But so far the inoculation experiment has, I am happy to say, failed. Intermediate transmission by flies from wound to wound, or even by mosquitoes, does not seem impossible. Vaccination is not sufficiently practised to be, if done carelessly, a possible source of contagion. Thirdly, diet, including water. Recent researches with regard to milk and tuberculosis direct by analogy one's attention to diet. We must eliminate actual inoculation, due not to diet but to contaminated eating vessels. Diet, I take it, may be at fault, either as a predisposing cause or as containing actual virus. As a predisposing cause, food insufficient or poor in quality and wanting in variety would be apt, speaking generally, to predispose. With regard to actual virus in

[1] See Hutchinson: THE LANCET, vol. i., 1879, p. 230; Brit. Med. Jour., vol. i., 1889, p. 1449.

the diet, this might be present as (1) the specific organism of leprosy arising *de novo* in certain diet substances; or (2) another bacillum might, under suitable conditions, become changed in its nature and tendencies, and become leprous; neither of these views seems probable, or indeed in accordance with bacteriological laws; (3) from actual contamination, as by a leper washing in a tank, and the water of that being drunk or mixed with food, as, for instance, in the adulteration of milk; or again (4) it is possible that under certain conditions the bacillum might propagate itself if once planted in a suitable medium, as, for instance, milk, milk cheese, or dried meat, so that these, when ingested, might reproduce the disease in those who are predisposed.

(To be concluded.)

PERCHLORIDE OF MERCURY IN DYSENTERY.

By K. P. CHOWDHOVRY,
ASSISTANT SURGEON, MEDICAL OFFICER IN CHARGE OF THE BURDWAN CHARITABLE HOSPITAL.

DYSENTERY is a disease which prevails most extensively in various malarious tracts in India. It has been the scourge of the Indian army, and is the principal cause of death among the famine-stricken, ill-fed, and improperly clothed poorer classes of the people of this country. It occurs in the most virulent form among the poor pilgrims who travel by the Grand Trunk Road from the North-western Provinces to the Temple of Juggernaut in Orissa. When it occurs among the Europeans it is very generally found to be obstinate. On account of this they are often required to undertake long journeys to distant and salubrious climates to recover their health. It is therefore of the utmost importance to find out any medicine which could be useful in so dreadful a disease. The discovery of ipecacuanha certainly produced a new era in the treatment of dysentery. A very large number of cases that used to die yearly in the Indian army from acute and chronic dysentery began to be saved by the introduction of this remedy. Large doses of ipecacuanha became for a time the only treatment of dysentery in both the acute and chronic stages. The high authority of Dr. Maclean sanctioned this as the only rational treatment, and for a time the profession held up this as the most suitable means of controlling the dreadful ravages of the terrible disease. The practice, however, in the civil hospitals and among the people generally began after some time to change. The ipecacuanha treatment was found unbearable in many cases, and the constant sensation of nausea which worried the patients undergoing such treatment interfered very greatly with their taking nourishment. Smaller doses of ipecacuanha are more easily retained, and on the whole they produce less inconvenience to the patients. I have found smaller doses (3 gr. to 5 gr.) in combination with soda and acacia very useful in acute cases of dysentery. But in the treatment of the chronic varieties every remedy seemed to be equally useless. Thousands of cases of this fell disease have been treated in the Burdwan Charitable Hospital within the last five or six years, and to my knowledge a very large number of them died, notwithstanding every kind of recognised treatment. Thinking that ipecacuanha owes its efficacy to the power it possesses of stimulating the liver and producing an abundant secretion of bile, I resolved upon perchloride of mercury as a mineral which would serve the same purpose, without the nauseating effects of the former. Having lately read of the wonderful efficacy of perchloride of mercury in Hill diarrhœa, I felt inclined to try the effects of the same drug on dysentery. My expectations were fully realised, and I found that under this treatment some of the most hopeless cases of the chronic type were cured within a comparatively shorter time than what could have been expected under any other method of treatment. I have treated many cases in this way, and I may say with almost uniform success. To avoid being wearisome, I shall content myself with a short account of only three cases.

CASE 1.—Makhau Lall Roy, aged thirty-two, a Hindu male, and a cook by profession, was admitted into the Burdwan Charitable Hospital on March 25th, 1889. He had been suffering from dysentery for the last three months. He used to pass mucus and blood in his stools, and he was troubled much with griping and straining. Five minims of the liquor hydrargyri perchloridi in two drachms of water were prescribed, to be taken every four hours. On the 28th there was very little blood and no mucus in his stools. On the 29th he was quite well and left the hospital. This was a case of marvellous recovery.

CASE 2.—Runnoo Ogha, aged thirty-eight, Hindu male, a priest by profession, was admitted into the Burdwan Charitable Hospital on April 26th, 1889. He had been on his pilgrimage to Juggernaut and was returning home. He had been suffering from dysentery for the last seven or eight days. He used to pass about twenty stools a day, with an abundance of blood and mucus. He complained much of griping and straining at stool. I prescribed five minims of the liquor hydrargyri perchloridi in two drachms of water every four hours. The colour of the stools was changed in two or three days; they became greenish, and there was no more blood in them. The stools gradually became yellowish and much thicker in consistence, and ultimately natural. The man was cured and discharged from hospital on May 12th, 1889.

CASE 3.—Zulsa, aged forty-five, a Hindu, was admitted into the Burdwan Charitable Hospital on June 26th, 1889. She had been suffering from dysentery for nearly a whole month. She used to pass blood and mucus in her stools. I prescribed five minims of the liquor hydrargyri perchloridi in an ounce of water, to be taken every four hours. She rapidly recovered under this treatment, so that on July 1st, the sixth day after her admission, she was quite well, and was therefore discharged from hospital.

Burdwan.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

TREATMENT OF WHOOPING-COUGH BY EUCALYPTUS SPRAY.

By WM. W. HARDWICKE, M.D., M.R.C.P., &c.,
MEDICAL OFFICER, HARWICH BOROUGH AND PORT.

DURING an epidemic of whooping-cough which occurred last year in this district, I was induced by the continual failure of the various popular remedies, such as alum, belladonna, atropine, &c., to effect cures, to try the effect of the oil of eucalyptus. The extraordinary power of infection which is characteristic of this disease—due no doubt to the ease and rapidity with which the infected particles are thrown off in the act of coughing, and are carried to the air passages of others more or less susceptible—suggests to us that the true remedy for this disease is one of an antiseptic nature. This fact has been recognised for some length of time, and carbolic acid has been used for the purpose in various forms, with more or less success. But it must be acknowledged that not only is carbolic acid an imperfect antiseptic, for Ringer tells us that "no satisfactory proofs exist of its capability to destroy the contagious elements of disease," but it is a dangerous drug even in a diluted form to be left about amongst children and nurses. Its offensive smell to the majority of people, and its unpleasant associations, render its use for any length of time undesirable. Eucalyptus oil is, on the other hand, a powerful antiseptic, being more than three times as strong as carbolic acid in preventing the development of bacteria, has not the caustic properties of the latter, and does not produce that irritation which the latter does, even when diluted, on the lips or mucous membrane. In combination with terebene the oil forms a mixture having a pleasant aromatic odour, somewhat similar to sandal wood, exercising a sedative influence on the lining membrane of the air passages, and possessing, besides antiseptic properties, the power of destroying the virus of the sputum, which is not only found clinging to the thickened and congested mucous membrane of the epiglottis, larynx, and bronchi, but is with every fit of coughing ejected by the mouth, with the possibility of infecting others. This sputum being crowded with bacteria

and micrococci, it is upon the destruction of these with their extraordinary power of development and multiplication that our success depends. For this purpose I use the following mixture as a spray: Oil of eucalyptus, two drachms; terebene, two drachms; rectified spirit of wine, one ounce and a half. When used, the spray machine is held at a short distance from the mouth, which is opened to receive the spray. I generally order it to be used half an hour before each meal and at bedtime, thus ensuring a constantly ozonised breathing atmosphere. Internally I give terebene in drop doses to a child of from one to three years of age in combination with two grains of carbonate of magnesia and ten minims of compound tincture of camphor to one or two teaspoonfuls of water, repeated every three hours. The two former constituents to be triturated together, the magnesia being used simply as a carriage for the terebene, which is not miscible with water. The paregoric allays the irritability of the cough until the disease succumbs to the specific treatment. The machine I usually recommend for spraying is an ordinary odorator. A cheap form is one represented in Fig. 183, Sec. VI., in Maw's Catalogue, and can be used either with or without bellows. In every case where the above treatment has been properly carried out I have effected cures in about a fortnight. About a week after the characteristic "hoop" has become developed the paroxysms gradually become reduced in frequency and violence, until they cease to be noticed at all.

Dovercourt.

DISLOCATION ON TO THE DORSUM ILII IN A CHILD SIX YEARS OLD.

BY C. LYNE DIXSON, M.B., M.R.C.S.

IN reading the case recorded in THE LANCET of Oct. 12th of dislocation on to the dorsum ilii in a child seven years old, which occurred at the Taunton and Somerset Hospital, under the care of Mr. Farrant, I was reminded of a similar case which came under my notice two years ago.

Riding one evening through a village on the North Tyne, I was suddenly called into a cottage to see a little girl, six years old, who had fallen out of the back of a cart, with her leg bent under her as she fell—at least, so the story was told. On examination, I found a distinct dislocation of the head of the right femur on to the dorsum ilii. She seemed in great pain and distress, and would not let me handle the limb at all. As in the case recorded, the thigh was semiflexed, adducted, and rotated inwards, the great toe resting on the dorsum of the left foot. As the pain seemed excessive and the child was very nervous and frightened, I returned for some chloroform; then, by the light of a candle and with the aid of the mother, I placed the child on the floor on her back, with only a pillow under her head. Having administered the anæsthetic, I removed my left boot, and placing my foot on the right ilium, I made extension of the right leg by pulling the limb at right angles to the body. Immediately the bone returned to its place with an audible click. An outside splint and a fortnight in bed, and the child was sufficiently well to get about; at the end of a month she was as well as ever.

I have recorded this interesting and rare case owing to its very close resemblance to the one I have already referred to, the only difference being that the patient was of the other sex and a year younger, and the right limb, instead of the left, was the one affected. The treatment I adopted was not the same, but the result was equally good.

Llantwit Major, S. Wales.

EXPERIMENTS ON THE ACTION OF SYZYGIUM JAMBOLANUM IN ARTIFICIAL DIABETES.

BY DR. C. GRAESER.

I HAVE recently had the opportunity, through the kindness of Professor Binz, of making, in the Pharmacological Institute at Bonn, some experiments with extracts of the fruit of syzygium jambolanum upon dogs rendered diabetic by phloridzin. The plant is a tree of the group Eugenioideæ, subfamily Myrteæ, indigenous in tropical America, the West and East Indies, where its acid fruit is eaten. When at Java I learnt that the plant is called "djamelang" by the natives, who use the fruit and bast for diarrhœa and diabetes. Since its introduction into Europe as jambul it has also been here employed in diabetes.[1] In order to test its action more carefully, and to see whether and to what extent it may influence artificial diabetes, or what toxic effects it may possess, I made some dogs diabetic by phloridzin, following the instructions of von Mehrung.[2] By administering from 2·5 to 4·8 grm. of phloridzin daily to young dogs (weighing 2700 to 4800 grm.) in the proportion of 1 grm. per kilo of body-weight, there ensues an excretion of sugar lasting for twenty-four to thirty-six hours, and amounting to from 5·89 to 12·45 grms. At first I gave the phloridzin in one dose, later in gramme doses every two or three hours, without any notable difference in the amount of sugar excreted. In three experiments some diarrhœa was set up. In each case, whenever either before, with, or after the phloridzin, the animal was given extract of syzygium jambolanum, the sugar excretion invariably fell, in some cases to about nine-tenths of the amount excreted under phloridzin alone, in all it was diminished to at least one-half. At the same time the period of excretion was curtailed. Thus whilst with phloridzin alone the amount of sugar was from 5·89 to 12·45 grm., the amount (with the same dose of phloridzin) under treatment by jambul was maximum 2·906, minimum 1·5 grm. With a drug of which the action begins and ceases within a limited time, its antidote must also act in a definite time and in corresponding quantity, to be determined by experiment. So that if such a diminution in the excretion of sugar takes place as related in these experiments—viz., nine-tenths—by the use of jambul, its more accurate employment might perhaps completely check this excretion. The conditions in diabetes mellitus are far better suited to test this, besides showing the agreement between phloridzin diabetes and the natural disease. This research is of special value as showing that the syzygium jambolanum may be used in diabetes mellitus in the human subject much more freely and in larger doses than hitherto, for in no direction were any effects observed which would contraindicate its use. There was no sign of any toxic action even in the dog which had a daily dose of jambul extract. In one experiment there occurred some diarrhœa, but this happened in later experiments with phloridzin alone, and was probably attributable to the latter. In all the experiments extracts of the syzygium jambul were used which had been prepared by R. H. Davies, F.I.C., of the Society of Apothecaries, London, from fruits I had brought over with me. The extracts were partly made from the whole fruit, partly from the rind or kernel, and concentrated so that 100 grm. of fruit were represented by 16⅔ grm. of the kernel and 11⅛ grm. of the rind extract. The dose was 6 to 18 grm. daily. It is still uncertain whether the active principle is in the rind or the kernel—probably in both, but more in the former.

The results of three sets of observations may be thus summarised:—

	Grms.	Grms.	Grms.
Sugar excreted with phloridzin ..	12·5	10·0	10·5
Sugar excreted with phloridzin and jambul	2·1	1·0	1·5
Percentage reduction in sugar ..	80·8	84·0	85·7

Bonn.

POISONING BY PHOSPHORUS.

BY SAMUEL GROSE, M.D. ST. AND., F.R.C.S. ENG.

A GIRL, aged three years and a half, ate some phosphorus paste. There was slight sickness at first, little or no pain, no fever, and yet constant thirst; apathy, gradually deepening into convulsions and coma; jaundice with white stools; dribbling of coffee-grounds-like fluid from the mouth; and death on the fifth day.

After death the liver was found much enlarged and in a state of acute fatty degeneration. Heart and kidneys felt greasy on section. On the third and fourth day, the urine gave no deposit on boiling or on addition of nitric acid, but it reduced the copper in Fehling's solution. May the presence of sugar in urine help to distingnish between those poisoned by phosphorus and sufferers from acute yellow hepatic degeneration, the symptoms in both being very similar?

[1] See Bernhard Schuchardt, Centralbl. für Klin. Med., 1889, No. 23.
[2] Verhandl. der Kongr. für Innere Med., Wiesbaden, 1886

The disease in question is misnamed "acute atrophy of liver"; here the liver was immensely enlarged. The little patient died when it was hypertrophied; had she lived longer it might have atrophied. Phosphorus is classed amongst the irritant poisons. In this case it gave rise to little vomiting, less pain, and no inflammation of throat, stomach, or intestinal canal. The action was more that of a blood poison, as if

"....The life of all his blood
Is touched corruptibly."

Melksham, Wilts.

ANTIPYRIN: RESULTS FOLLOWING ITS ADMINISTRATION.

BY W. WATKINS, L.R.C.P., M.R.C.S., &c.

As Dr. Adolphus J. Richardson has drawn attention to some of the (apparent) bad effects of antipyrin in THE LANCET of the 19th ult., the following case may be of interest.

Miss W. G——, aged thirty-seven, during a slight attack of gastro-intestinal catarrh with jaundice, complained of a severe nervous sick-headache in the course of the illness. I prescribed ten grains of antipyrin, which entirely removed the ache, but within half an hour the upper lip had greatly swollen, and continued to do so for another quarter of an hour, by which time it was at least double its normal size. The swelling disappeared almost as rapidly as it came, and in three hours from the time of taking the drug the lip was its natural size. There was no other apparent cause operating.

Bournemouth.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prœmium.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

FOUR CASES OF STONE IN THE BLADDER IN MALE CHILDREN; REMARKS.

(Under the care of Mr. BILTON POLLARD.)

THESE cases are examples of successful operation for the removal of stone from the bladder by means of operative procedures, which are now frequently employed in the case of young children. We have published cases in the "Mirror"[1] during the last two or three years illustrating the facility with which lithotrity can be performed at a very early age, and it is generally accepted that either of the methods illustrated by Mr. Pollard's cases may with advantage be substituted for the rapid and frequently brilliant operation of lateral lithotomy. Surgeon-Major Keegan published in the *Indian Medical Gazette* of last year a series of 114 lithotrities performed by himself and others in young boys, some of them operations for large stones. The mortality was only 4 per cent. Surgeon-Major Freyer,[2] amongst his list of 100 cases recently published, gives sixteen successful operations by lithotrity in male children. We have so recently drawn attention to the operation of supra-pubic lithotomy, that we refer our readers to our remarks already published.[3] For the notes of these cases we are indebted to the house-surgeons, Messrs. de Chazal and Brock.

CASE 1. *Lithotrity; cured.*—L. F. W——, a boy aged three years, was admitted on Dec. 19th, 1888. He had had symptoms of stone in the bladder for seven weeks. Five weeks ago he was circumcised at another hospital. On admission micturition was frequent and painful; the urine was strongly alkaline and deposited muco-pus and triple phosphates. A stone was detected by the sound, and by rectal examination it appeared to be about the size of a small almond. On the twelfth day after admission the boy was anæsthetised with chloroform, and the stone crushed with a No. 8 lithotrite and the fragments washed away through a No. 8 evacuator. The dried fragments, which were composed chiefly of phosphates, weighed only ten grains. The temperature remained normal after the operation. The child was discharged four days later. He was relieved of his symptoms, but there was still a little pus in his urine. He was readmitted ten days later because his urine was again alkaline and still deposited pus and phosphates. No fragments of stone could be detected. The bladder was washed out with boracic lotion, and the child was kept in bed. On the ninth day after readmission the urine was clear and acid. He was allowed to get up on the twentieth day, and was discharged cured on the twenty-eighth day.

CASE 2. *Lithotrity; cured.*—S. S——, a boy aged two years and five months, was admitted on Feb. 1st, 1889. He had always had difficulty in passing his urine, and on this account he had been circumcised five months ago. Four months ago he passed some blood with his urine, and latterly he has complained of pain after micturition, and has pulled and scratched his penis a good deal. On admission he cried after passing urine, and frequently wetted the bed. A small stone was detected by combined rectal and supra-pubic examination. The urine was alkaline and contained a little pus and triple phosphates. The child had some bronchitis, so the operation was deferred until the fifteenth day after admission. He was put under the influence of chloroform, and four ounces of boracic lotion were injected into the bladder. The stone was crushed with a No. 5 lithotrite, and the fragments washed away through a No. 6 evacuating catheter. Difficulty was experienced in removing all the fragments, and as the child's pulse began to fail some of them were left in the bladder. The child passed his urine twelve times during the night. Micturition was painful. Some small fragments of stone were found in the urine. On the day after the operation the temperature reached 100° F., but by the fourth day it was normal. The urine contained a little mucus, but was otherwise normal. The child was discharged cured on the fifth day after the operation. The stone was phosphatic, and the dried fragments weighed thirty grains.

CASE 3. *Supra-pubic lithotomy; bladder sutured; primary union; death from malignant scarlet fever.*—W. S——, a boy aged seven years, was admitted on Dec. 15th, 1888. Symptoms of stone in the bladder had been present for three years. Circumcision had been performed a year ago at a country hospital. On admission, alkaline muco-purulent urine constantly dribbled from the urethra, and the boy suffered from continuous pain. A large stone was felt with the sound and by rectal examination. The bladder was washed out daily with boracic lotion, and on the fifth day after admission the urine was neutral and contained a slight deposit of muco-pus. On the seventh day supra-pubic lithotomy was performed. The bladder was distended with an ounce and a half of boracic lotion; no more could be introduced into the viscus. The rectal bag was used. The incision into the bladder was an inch and a quarter in length. The stone was tightly held by the small bladder, and some difficulty was experienced in extracting it. The stone, after drying, weighed 562 gr. The bladder was repeatedly flushed out with boracic acid lotion. The wound was sutured with ten fine silk stitches, which were inserted according to Lembert's plan. The efficiency of the sutures was tested by distending the bladder with boracic lotion. The lotion flowed back by the side of the catheter, but none escaped from the wound in the bladder. The wound was washed out with 1 in 20 solution of carbolic acid. The recti muscles were sutured with silk at the upper part of the wound. The skin was sutured, except at the lower part of the wound, where a tube was inserted between the recti muscles. The wound was dressed with boracic acid powder and sal alembroth gauze and wool. No catheter was left in the bladder or passed subsequently. The boy voided his urine naturally. No urine escaped from the wound. The boy was completely relieved from pain. The drainage-tube was removed on the fourth day after the operation, and on the eighth day the wound appeared to be soundly healed. Until the ninth day after the operation the temperature ranged between

[1] THE LANCET, vol. i. 1888, pp. 1192-1193. Ibid., vol. i. 1889, p. 1134. [2] Prov. Med. Journal, Dec., 1888.
[3] THE LANCET, vol. i. 1887, p. 1185. Ibid., vol. i. 1888, p. 1280. Ibid., vol. ii. p. 1174. Ibid., vol. ii. 1886, p. 783.

98° and 98·8°, except on the first, third, and fourth days, when 99° was registered; on the eighth day the highest temperature was 98·6°; on the ninth day it suddenly rose to 102°. The boy had also a sore-throat and a typical scarlet fever rash. He was sent to the Homerton Fever Hospital, where he died two days later in a typhoid condition, and with a temperature of 103·4°. There was nothing further to note with regard to the bladder or the operation wound.

CASE 4. *Supra-pubic lithotomy; bladder sutured; leakage of urine on three occasions; rapid healing and cure.*—A. L——, a boy aged five years, was admitted on Sept. 18th, 1889. About three or four months ago the child began to suffer from painful micturition, which was often involuntary and accompanied by prolapse of the rectum. Blood had never been noticed in his urine. On admission the urine was acid and deposited a little pus. By rectal examination a hard mass, which appeared to be as large as an unpeeled walnut, was felt in front of the rectum just within the anus. On the third day after admission the boy was placed under the influence of chloroform, and the stone, both by sounding and by rectal examination, was felt to be fixed at the neck of the bladder. A catheter could not be passed beyond the stone, and so it was impossible to distend the bladder, but the latter contained a few ounces of urine. Supra-pubic cystotomy was performed. The rectal bag was not used. The incision in the skin was an inch and a half long and that in the bladder about an inch and a quarter. The stone was found to be dumb-bell shaped, one end being impacted in the prostatic portion of the urethra and the other projecting into the bladder. By pressing on the stone from the rectum whilst the neck of the bladder was pushed off it by the finger in the bladder the stone was disengaged and then readily extracted with forceps. The bladder was washed out with boracic acid lotion and the wound in it closed by eight ordinary interrupted sutures, which were passed through the muscular coat only. The efficiency of the sutures was tested by injecting the bladder with boracic acid lotion. Some of the fluid returned along the side of the catheter, but none escaped from the wound in the bladder. The superficial wound was mopped over with 1 in 500 solution of perchloride of mercury. The skin was brought together with silk sutures except at the lower part of the wound, where a drainage-tube was inserted. A dressing of boracic acid powder and sal alembroth gauze and wool was applied. The dried stone weighed 215 grains. Six hours after the operation, as the boy had not voided any urine, an indiarubber catheter was passed and an ounce and a half of urine drawn off. Owing to a misunderstanding the catheter was not passed during the following twelve hours, and during this time the bladder became so distended that one of the sutures gave way, and urine escaped freely into the dressing. The lower part of the skin wound was opened up, and a wet boracic lint dressing applied. The catheter was now passed every four hours. On the fifth and tenth days after the operation a little urine escaped from the wound. On the fourteenth a catgut suture which had been used for stitching the bladder was found loose in the wound. Two ounces of urine were passed naturally on the fourteenth day after the operation. On the twenty-first day the wound had granulated up to the surface and had almost healed. The boy was now allowed to pass his urine voluntarily, which he did readily and without pain. He was discharged on the twenty-fifth day after the operation.

Remarks by Mr. BILTON POLLARD.—In the two cases treated by lithotrity the calculi were small. That this was the case was easily ascertained by the combined rectal and supra-pubic examination of the bladder. The urethra of a child aged two years and five months readily admitted a No. 5 lithotrite and a No. 6 evacuating catheter, whilst that of a child aged three years as readily admitted instruments three sizes larger. The stone in the first of the two cases treated by supra-pubic lithotomy was a large one (562 grains), and as the bladder contracted so closely on to the stone, there was some difficulty in extracting it. The bladder, the recti muscles, and the skin were sutured, and the boy was allowed to pass his urine by his own efforts. The case, so far as the operation was concerned, was altogether successful. The bladder and the superficial wound healed quickly, without any leakage of urine. In the last case the stone was dumb-bell shaped. One end was impacted in the prostatic portion of the urethra, and the other projected into the bladder. The stone was disengaged from the urethra, and extracted through the supra-pubic opening. The bladder was sutured with carbolised catgut, and the skin wound was closed except at the lower end, where a small tube was inserted. As the boy had not voided urine for five hours after the operation a catheter was passed. He was then, owing to a misunderstanding, allowed to go for twelve hours without emptying his bladder. During this time one of the sutures in the bladder gave way, and a free escape of urine from the wound took place. The catheter was passed regularly afterwards, and though some leakage from the bladder occurred twice more, the wound healed rapidly without a bad symptom. Recovery was certainly hastened by suturing the wound in the bladder.

LEEDS GENERAL INFIRMARY.

A CASE OF RETROFLEXION OF THE UTERUS; HYSTEROPEXIA; REMARKS.

(Under the care of Mr. W. H. BROWN, Assistant Surgeon.)

THE treatment of obstinate retroflexion or of prolapse of the uterus is now no longer confined to the introduction of pessaries, plastic operations on the vagina or perineum, or to any of these in combination with local depletive measures where the uterus is of abnormal size. In cases of retroflexion Alexander's operation of shortening the round ligaments is one which, when the uterus has not been fixed by adhesions, has proved successful in many hands; if, however, the adhesions can be broken down by external manipulation of the uterus by the method of Schultze[1] or Ter-Grigoriantz,[2] it may then be employed with success. In the following case the fundus of the uterus was firmly fixed in its abnormal position, and the only way of effectually dealing with the adhesions was after abdominal section. When these have been separated the uterus may be fixed to the anterior abdominal wall by means of sutures passed in various ways. Kelly[3] passes a single silkworm gut suture through or around the round ligaments at their junction with the uterus on either side, and through the peritoneal coat of the bladder at the point on which the uterus naturally rests, and then ties them. When there have been adhesions he passes two or three sutures of silkworm gut or silver wire through each round ligament near its uterine end, and deeply into the abdominal wall just above the symphysis pubis on either side of the incision, and at a distance from it about equal to half the breadth of the uterus; when all are placed in position they are tied. Leopold[4] passes two sutures on each side through the edges of the abdominal incision and lightly through the uterus, one near the attachment of the round ligament, the other in front of the entrance of the Fallopian tube; the sutures are removed on the tenth day. He also freshens the opposed surfaces by scraping them lightly. Wylie[5] makes a fold with a loose ligature on each tube, and freshens the opposed surfaces by scraping them. Sänger[6] stitches the round ligaments at their uterine insertion to the anterior abdominal wall; he does not believe in the operation performed by Alexander. When a condition of retroflexion or prolapse is conjoined with disease of the appendages, a good result has followed the stitching of the stump or stumps to the abdominal wall external to the median incision, and of this modification we have published a very successful case by Dr. John Phillips.[7] Caneva[8] of Milan proposed to secure adhesion of the uterus to the anterior abdominal wall by holding the uterus in position by means of an intra-uterine sound. We need not refer to other methods, such as the vaginal suture of Schücking.[9] Terrier[10] performed an operation similar to that which we record, but for prolapse, and united the peritoneal covering of the uterus to the parietal peritoneum by four points of silk suture. Mundé and Wells give an excellent summary of the more recent treatment in flexions of the uterus.[11] For the notes of the following case we are indebted to Mr. Mitchell, house surgeon.

E. L——, aged forty-two, was sent to Mr. Brown by Dr. Henry White of Bradford, who had had her under his

[1] Zeitschrift für Geburtschülfe und Gyn., 1888.
[2] Gynäkalogisches Centralblatt.
[3] American Journal of the Medical Sciences.
[4] Central. für Gyn., March, 1888.
[5] Pittsburgh Med. Rev., July, 1888. [6] Central. für Gyn., Jan., 1888.
[7] THE LANCET, vol. ii. 1888, p. 761. [8] Ibid., vol. i. 1883, p. 23.
[9] Central. für Gyn., March, 1888. [10] THE LANCET, vol. i. 1889, p. 33.
[11] Sajous, Annual of the Universal Med. Sciences, vol. ii., E.

observation for some time. There was a history of ten years' pelvic suffering. For the last two years she had been practically bedridden. There had been occasional menorrhagia, and this, together with constant pain, had produced a marked diminution in the patient's strength. She had worn many forms of uterine support, both intra-vaginal and intra-uterine, but each and all of these had been the cause of an increase of her suffering, and had in consequence to be removed within a day or two of their introduction.

Upon examination per vaginam marked retroflexion of the uterus was found, the fundus presenting at the vulva. Any attempt at reposition caused agonising pain. A sound could not be introduced. Bimanually Mr. Brown thought he detected a solid tumour occupying the hypogastrium, but was uncertain, as the rigidity of the muscles prevented anything like a thorough examination. The woman was in great misery, and willingly consented to submit to abdominal exploration; accordingly she was placed under ether, and Mr. Brown opened the abdomen in the middle line, adopting the usual precautions.

On introducing his fingers into the abdominal cavity the operator found that what had appeared to be a growth in the hypogastrium had been due to muscular tension. He further found the uterus in the position before described, and held down by very firm adhesions. These adhesions were broken down and the now movable uterus brought out of the pelvis. Both ovaries were natural. On the posterior surface of the uterus was a small fibroid tumour. A catheter was now passed into the bladder, and that viscus stretched by the instrument so that it was possible to ascertain approximately its upward limit. The fundus of the uterus could be brought easily in contact with the abdominal wall above this point. Mr. Brown now transfixed the uterus with a curved needle armed with silk, taking a good hold of its tissue, and bringing the ends of the suture through the muscular wall of the abdomen, tying and cutting off the ends short. The abdominal wound was closed in the ordinary way.

The after history of the case was uneventful, and the patient left the hospital five weeks after operation. She could then move about easily, and her pain had entirely disappeared. There was no complaint by her on her departure. An examination per vaginam made the day before she left showed the uterus to be slightly anteflexed, and much in the same position as that of a multipara.

Remarks by Mr. BROWN.—So far as I can gather, the procedure which I have above described has not often been resorted to in the treatment of obstinate retroflexion of uterus. Kœberlé, I believe, was the first to introduce a method very similar. In the face of the facts I have recorded it would seem to me that this operation, modified in detail to suit individual cases, might well be added to the list of remedies to be employed in dealing with intractable flexions of the uterus.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Cholecystotomy.

THE first ordinary meeting of this Society for the present session was held at 20, Hanover-square, on Oct. 25th, Mr. Christopher Heath, President, being in the chair.

The PRESIDENT, on taking the chair, addressed a few words of congratulation to the members on their assembling for the first time in their new home. He desired particularly to offer his thanks to the President of the Medical Society, who had kindly offered the Clinical Society temporary accommodation in case of need. He called attention to the feature introduced into the new volume of the Transactions; an appendix containing the after-history of many of the cases related in the earlier numbers; a great many most interesting facts had thus been brought to light, and the appendix formed a valuable addition to the volumes of Transactions.

Mr. MAYO ROBSON of Leeds then read a paper on fourteen cases of Cholecystotomy which he had performed; eleven being for gall-stones, one for empyema of the gall-bladder, and two for distended gall-bladder; due in the one case to cancer of the head of the pancreas; in the other to cancer of the bile-duct. All the patients operated on for gall-stones had recovered. Of the other cases, the patient suffering from empyema of the gall-bladder was operated on when apparently dying from acute peritonitis, but after the operation she made a good recovery except for a biliary fistula which was afterwards closed by cholecystenterostomy. The case of cancer of the pancreas had succumbed on the eight day to a constant oozing of blood from the interior of the gall-bladder, and from the suture punctures. It commenced on the day following the operation, and was apparently due to the altered condition of the blood, brought on by persistent jaundice of several months' duration. In the case of cancer of the bile duct, although there was intense jaundice, there was no subsequent bleeding, or other complication; this might possibly be due to the arrest of hæmorrhage at the time of operation by ligatures instead of by forcipressure. Of the cases operated on for gall-stones, six patients had sought advice in consequence of the presence of a tumour combined with the usual symptoms; in these cases, Mr. Robson pointed out that the operation was usually much simpler than in the other group, where no tumour could be felt, although in one, where an apparently solid tumour was exposed which was due to the matting of the viscera surrounding the gall-bladder, so that the mass appeared at first to be a malignant growth, it was found impossible to shut off the general peritoneal cavity by suturing the parietal peritoneum to the gall-bladder, as it was practically destroyed by suppuration; and drainage with sponge packing had to be resorted to, to prevent general peritoneal infection. Dr. Churton had pointed out to Mr. Robson that he had previously seen in the post-mortem room a similar condition of affairs, where suppuration of the gall-bladder had led to the formation of a tumour resembling a malignant growth, but where an exploring needle pushed through the overlapping edge of the liver had revealed the presence of pus. Of the cases, five in number, operated on, on the strength of symptoms alone, Mr. Robson remarked that he believed many such cases of frequently recurring biliary colic would in future be saved the intense suffering and the many dangers of their disease by timely operation. He pointed out that these operations were not always easy, as the gall-bladder was frequently very small, and could with difficulty be brought to the surface; in fact, in his fourteenth case the gall-bladder was shrunken to the size of the last joint of the thumb, and was lying very deeply under cover of the liver, so that when he had incised it and removed several gall-stones from the duct, the lower part of the opening could not be made to reach the parietal peritoneum, and a piece of omentum was brought up and sutured on the one hand to the gall-bladder, and on the other to the parietal peritoneum, thus shutting out the general peritoneal cavity. Mr. Robson thought that omentum grafting first proposed by Dr. Sena for enterorrhaphy, but he thought not hitherto performed to surmount a difficulty of the kind above related, would in future often be found very useful in abdominal surgery, and perhaps especially in such cases as he had mentioned. With regard to the danger of biliary fistula, Mr. Lawson Tait had remarked that "biliary fistula after cholecystotomy could only be permanent when the operation happened to be performed at a time when a gall-stone was impacted in the common duct;" the author of the paper said that he believed this to be true generally, as proved by Mr. Lawson Tait's cases, but in the only case of biliary fistula which had followed the operation in his own hands, the cause was other than gall-stones, as when he had performed the operation for the closure of the fistula, he had very carefully examined the whole length of the common duct, without finding an obstructing calculus. In conclusion, he remarked that he believed that with due care cholecystotomy, in the absence of malignant disease, was a procedure attended with comparatively little danger, and that the great relief which the operation conferred amply compensated for the attendant risks.

Dr. CHURTON said he had attended many of the earlier operations which had been related. He had noticed in the post-mortem room that the small gall-bladders could be most easily reached through the liver. Some of the calculi found were soft and easily broken, while others were as hard as quartz. The thickening sometimes found from surrounding inflammation looked remarkably like cancer. He was under the impression that the cancer of the gall-

bladder found in the ninth case related had been caused by the irritation of an impacted calculus which had afterwards become dislodged. The tables showed that a more than usual number of women were affected.

Dr. ANGEL MONEY related the case of a tailor, aged twenty-five, who came under his care with jaundice and a large tumour in the neighbourhood of the gall-bladder, which gave distinct grating on examination. It was operated on by Mr. Bilton Pollard, who first aspirated and then removed from the bladder a large number of stones; a biliary fistula remained.

Surgeon-Major BARKER recommended the administration of large doses of chloroform by mouth, which frequently produced excellent effects on gall-stones.

Mr. K. THORNTON said that the question of diagnosis was sometimes a difficult one. In a large majority of distended gall-bladders the diagnosis was simple, but if the swelling were very large, the diagnosis from tumour of the kidney had to be made. Cases with adhesions round the gall-bladder and suppuration were very difficult to make out; it was hard to decide whether they were malignant or simply inflammatory. The cure was very rapid in those cases with thick adhesions. In none of the cases in which he had operated had fistula resulted, nor had he met with a malignant case. With regard to the operation, if the gall-bladder were distended it was simple enough, but if the stone were impacted in the common duct he knew of no more difficult one in surgery. He had suggested breaking up the stone by needling and leaving it to pass down the duct, and some he had treated so had done remarkably well. In one case he slit the duct open, broke the stone up with his fingers, and then sewed up the opening. The enormous quantity of bile-stained mucus that poured away from these cases for some days after the operation was remarkable. He did not agree with Dr. Churton that those cases with a great quantity of mucus usually contained only a single stone, for in one case from which he removed 413 stones there was an enormous quantity of mucus. Again, in another case, where there was a large single stone, there was no suppuration and a very little fluid. The American treatment by oil had been much vaunted, but the bodies passed after taking this medicament were not gall-stones at all, but simply collections of oil and fæces. He had never attempted to open the gall-bladder into the bowel, and characterised such a proceeding as monstrous. Cases of cholecystectomy did wonderfully well, and did not seem to suffer at all from the loss of a gall-bladder.

Mr. CHARTERS SYMONDS thought there was a class of case in which no other treatment but cholecystenterostomy was available. He related a case which had been under Dr. Goodhart's care, in which the gall-bladder was distended with clear fluid. He opened it, but could get nothing into the common duct. The bile passed through the fistula in very great quantity; he therefore undertook a second operation, and joined the gall-bladder to the intestine. The latter kinked and sloughed, and the man died. At the autopsy there was found stenosis of the common duct at its duodenal orifice. He regretted he had not done the second operation before the gall-bladder had contracted down.

Mr. A. E. BARKER related a case in which a gall-stone was suspected to be impacted in the common duct; he therefore explored, and found a healthy gall-bladder, but no stone. There was a little hardness about the head of the pancreas and an adhesion between the transverse colon and the edge of the liver. He closed the wound, and the patient recovered, being much benefited by the operation. Other surgeons had had similar experiences.

Mr. BLACK detailed a case of jaundice which was suspected to be due to gallstone, but which turned out to be lead poisoning.

Mr. ROBSON, in reply, thought that in Mr. Barker's case relief might have resulted from breaking down the adhesions. He knew of two negative explorations which occurred in the practice of his colleagues, and both of which resulted in cure. A German surgeon had recorded a case of ruptured gall-bladder in which ten pints of bile had drained into the peritoneum without producing an untoward result, but still he thought it safer to close the opening into the peritoneum. He had had but one case of fistula, and in that less than two ounces of clear inodorous mucus were secreted in the twenty-four hours, and this possessed antiseptic qualities and gave rise to but little inconvenience. Cholecystectomy, though often a difficult operation, like adherent pyosalpinx, seemed by statistics to be quite as safe as cholecystotomy.

MEDICAL SOCIETY OF LONDON.

Glycosuria.

AN ordinary meeting of this Society was held on Oct. 28th, Dr. Theodore Williams, President, in the chair.

Dr. ORD read a paper on Some Points of Interest in regard to the Presence of Sugar in the Urine. He had published some time ago, in the St. Thomas's Hospital Reports, some notes on glycosuria in people past middle life, and he now added a few statements and remarks by way of supplement and illustration. The conditions which determined the presence of sugar in the urine in pathological quantity were :—1. Excessive afflux of arterial blood to the liver, and probably to other glycogenic organs. 2. Defective assimilation of glucose. 3. Defective formation of glycogen. 4. Instability of glycogen—i.e., the formation of glycogen which was too ready to change. 5. Excessive ingestion of glucose or glucose-yielding substances. Under the first head might be gathered several kinds of cause—e.g., (*a*) vaso-motor paralysis determined by disease, or injury of the medullary centre, or of the nerves connecting the centre with the arteries of the liver; (*b*) dilatation of the hepatic artery, not determined by disease of nerve centre or centres, but by irritation of the liver, or determined by reflex action at the instigation of other organs, such as the stomach or by general disorder of the circulation; functional, as a result of nerve strain or excitement, functional and probably also dyscratic as in gout; (*c*) possibly also compensatory arterial hyperæmia, balancing obstruction of the arterial circulation in other parts and systems of the body. Dr. Lauder Brunton, in his "Handbook for the Physiological Laboratory," gave an admirable summary of the various ways in which nerve sections and nerve irritations might produce glycosuria, and he stated that it was of great importance to note that section of the sympathetic cord or splanchnic nerves did not produce diabetes, although the vaso-motor nerves of the liver were thus divided, his explanation of this being that as the vaso-motor nerves of the intestines were divided at the same time, so much blood went to the intestinal vessels that the circulation in the liver was not increased. If this explanation were admitted, it seemed reasonable to argue that an undue contraction of arteries in other parts of the body than the liver might determine an excessive blood-pressure in the arteries of that organ, and so set up glycosuria, the liver itself not being necessarily at fault. His notes afforded several instances showing the influence of heredity in bringing about glycosuria, but it was of course evident that the existence of this affection in minor degrees had been often overlooked in the past, and that a better estimation of the transmission of the tendency would in the future be more possible under the steady maintenance of careful examination of the urine. As to the way in which the transmission was ordered, in one case it seemed to go with the gouty diathesis from the father's side; in others it was observed who were the subjects of nervous instability; in others, again, these conditions were absent, and tissue imperfections had to be invoked, the occurrence of glycosuria in very stout people being a noteworthy fact. He was inclined to regard both the accumulation of fat and the occurrence of glycosuria as marks of imperfect forms of nutrition. In many cases, in conjunction with obesity, the influence of persistent alcoholic excitement of the liver could not be overlooked, the irritation producing a reflex active hyperæmia and consequently glycosuria. For those victims of alcoholism who presented glycosuria, and who were emaciated, a different explanation must be sought. A considerable proportion of these cases had valvular disease of the heart, and irregularities of arterial tension might here have to be considered. It was not unfrequent to find people suffering with symptoms of contracting granular kidney to be also affected with glycosuria. Whether it was here due to a general defect of assimilative or constructive process or related with a very definite arterial tension was not easily to be decided. Again, he had observed the occurrence of glycosuria in two cases of Raynaud's disease, and in a third with disease of kidneys, sloughing ulcers, and syphilis. From cases he had since seen he concluded that glycosuria was often present in tertiary syphilis, and under conditions not involving irritation of the medulla. In these cases signs of hepatic disorder were always present, and he thought that hepatic irritation was mainly chargeable with the production of the glycosuria. But he dared not speak with

any tone of decision on this point, when he remembered the possibility that faulty tissue-building at large might have to be considered. Muscular and other tissues, as well as the liver, were the seats of formation of glycogen, and it appeared to him quite possible that a disturbance of nutrition in muscles, in spinal cord, and in liver might exist independently in each and give rise to glycosuria; while, on the other hand, a deep dystrophy might affect all at once. Several cases of angina pectoris in association with glycosuria had come under his knowledge, and he related one at length in which this conjunction existed. He thought it must be admitted that angina was no more an essential disease than glycosuria, and he recognised in it varieties of form and causation which ran in curiously parallel lines with those of glycosuria. Everyone recognised the typical form of angina wherein degeneration of the heart muscle played one part and arterial stress another; and everyone would also further admit that disorder of innervation played an important part in disturbing the balance between the heart and the arteries. Glycosuria also might be a mark of disordered innervation, but in a preponderance of cases presenting glycosuria together with symptoms of angina the evidence of primary neurotic disturbance had not been strong. The subject of the occurrence of sugar in the urine of women in whom lactation had been suppressed was then discussed. The chemical reactions obtained in several cases appeared to correspond exactly with those which would be yielded by glucose, but their rapid evanescence had so far stood in the way of the obtaining any sufficient quantity of urine to afford opportunity of a complete investigation. The indication was apparently that the stoppage of the secretion of milk had determined a backward flow into the vessels of lactose in a quantity so large as to be represented by the appearance of a considerable quantity of glucose in the urine. M. Germain Sée had shown that, while milk taken in large doses produced diuresis and a very marked glycosuria, large doses of lactose caused a remarkable polyuria, but no glycosuria; why this should be was not clear. Not many years ago, when albumen was found in a patient's urine, he was supposed to have Bright's disease; and so now, it was very often the practice to speak of the existence of a small quantity of sugar in the urine as justifying the use of the term diabetes. He thought that those who had studied the question most thoroughly would agree that this was a most unwise use of the term; unwise as bearing alike upon prognosis and treatment. If his views of the analysis of the causes of glycosuria were at all to be admitted, it followed that the treatment of a glycosuria which was subordinate must be involved in the treatment of the major part of the case. What he had put forward was rather analytical and suggestive than final or didactic, and he submitted for criticism, and proposed for investigation, certain associations of glycosuria which had presented themselves to him, and to which he had devoted a good deal of thought.

DR. PAVY had found glycosuria frequently associated with obesity and with spareness, but he could not conclude that there was any absolute connexion between them; in stout people, however, the disease seemed to be more amenable to management. He recognised a connexion between glycosuria and enlargement of the liver; in many of the latter the disease was not of the ordinary form, for they possessed a certain amount of power to assimilate carbo-hydrates. A contracted granular kidney seemed to exert a restraining influence over the diabetic condition, and in cases where chronic interstitial nephritis developed in the course of a case of diabetes the same restrictions of diet were not necessary in order to keep the sugar under. He had observed that glycosuria was often accompanied by peripheral neuritis, especially after middle life; and in the gangrene of the toes, often associated with diabetic cases, there was an amount of pain out of proportion to the gangrenous condition; and, if glycosuria were really connected with nerve disease, it was not strange to find angina pectoris or exophthalmic goitre associated with it. He agreed with Dr. Ord that it was unwise to confine our attention too exclusively to the liver. It was merely a matter of limitation of the assimilative capacity, for even in healthy people that capacity was not unlimited. In some diseases of the liver very little of the secreting structure was left, and yet these patients did not get diabetes, and that was one reason why a broader view should be taken as to the causation of this affection.

DR. RALFE also thought we should look beyond malassimilation by the liver. There were two great groups of cases presenting sugar in the urine: (1) Acute cases coming on with a threatening aspect, in which there was a great drainage of water and sugar from the system and early and rapid emaciation; (2) a class of cases coming on more insidiously, associated with gout, syphilis, heredity, or kidney mischief. It was of much slower duration, the patient was often stout, and the disease drifted on for years and years, and then was not, perhaps, of itself fatal. Dr. Purdy had shown him some tracings taken from cases of diabetes; there was marked tension of the vessels like that seen in renal disease, but there was no albumen and no casts, nor was there reason to suspect gout. A Carlsbad physician had asserted that in all cases of diabetes the left ventricle of the heart was hypertrophied, and the vessel walls were thickened; the arterial tension later gave way to degeneration. It had been pointed out that in cases where suppression of lactation had occurred crystals of lactose were found in the urine; it did not become converted into glucose.

DR. SAVAGE spoke as to the relations of diabetes with insanity. They were both directly hereditary, and it was common in insane people to get a history of diabetes in the parents; it was nevertheless uncommon to meet with sugar in the actively insane; those cases in which he had found sugar were puerperal. In many patients insanity had been observed to alternate with glycosuria; when they recovered from an attack of insanity the sugar had reappeared in the urine.

DR. S. WEST said that Dr. Pavy had used increased arterial tension to explain the favourable course diabetes ran when granular kidney developed, but in exophthalmic goitre the tension was far from increased. He asked if diabetes could be produced by errors of diet. He quoted the case of a girl who, as assistant in a grocer's shop, ate a very large quantity of sugar, and died of acute diabetes.

DR. PAVY disclaimed any intention of asserting that increased arterial tension caused diabetes; he thought rather it was due to a vaso-motor paralysis, a dilatation of vessels.

SIR WILLIAM ROBERTS remarked on the extraordinary way diabetes complicated all sorts of morbid conditions. He thought that Dr. Pavy had touched nearer to the solution of the problem of diabetes than any physiologist now living. It was a disease most puzzling to study, and it had almost as many paradoxes as gout itself.

DR. MITCHELL BRUCE referred to two classes of cases which had glycosuria in combination with gangrene: (1) stout middle-aged people whose toes became gangrenous, and on whom opium exerted a remarkable influence; and (2) patients with typical Raynaud's disease. He had seen a patient suffering from the latter affection in whom the disease was arrested by morphine, and he wondered whether in the liver in diabetes there might not be a condition of peripheral neuritis, for it certainly was not necessary that the disease of the nervous system should be central.

DR. MAGUIRE said that though gout might be the connecting link between some cases of granular kidney and glycosuria, yet there was a connexion between diabetes and a certain degree of granular kidney in which no gouty element was present. When albuminuria occurred in diabetes it indicated a hardening of the kidney, and did not suggest a bad prognosis; on the contrary, it was extremely likely that the condition of the diabetic patient would improve. The kidney in these cases was not a typically contracted organ; it was dark red, the capsule was slightly adherent, the surface faintly granular, and the whole organ tougher.

DR. WILLIAMS asked what proportion of cases showed the presence of carbuncle, and also in what number of cases phthisis was observed.

DR. ORD, in reply, said he had not met at all frequently with either carbuncle or phthisis in glycosuria, but they were common in true diabetes. As to the connexion with obesity, he had seen a good many cases in which glycosuria and obesity existed alone, but in thin patients there was always some other causative condition present. In one of his cases the patient had marked signs of granular kidney with hard arteries and plenty of casts; the sugar was very small in quantity, and could not have produced the disease of the kidney. He did not know whether diabetes could be produced by errors of diet.

HARVEIAN SOCIETY.

Treatment of Pneumonia by the Ice-bag.

AT the meeting on Oct. 17th, Thomas Buzzard, M.D., F.R.C.P., President, in the chair, Dr. LEES read a paper on the Treatment of Pneumonia by the Ice-bag, which will be found elsewhere in our columns. The following discussion ensued :—

Dr. GOODHART had for eighteen months used no other application than the ice-bag in cases of acute pneumonia, and he gave an account of eighteen cases thus treated. A good result was obtained in eight cases, the temperature falling promptly, the pulse becoming decreased in frequency, and convalescence being rapidly established. In seven cases it was doubtful if the treatment had had any effect whatever; while in three cases symptoms of collapse were produced of a very temporary nature, for it subsided as soon as the ice-bags were removed. It was difficult to eliminate the question of the natural crisis of a pneumonia having coincided merely with the application of the ice, but it was also possible to underrate the value of any treatment because of the presence of pleurisy, which interfered with the beneficial results of the remedy. Dr. Goodhart, however, concluded that there was no danger in applying this treatment, such collapse as might occur being easily detected, and remedied by brandy and warmth to the feet, and by avoiding its use in patients under two years of age. He himself did not think that collapse was increased by the application of cold over the cardiac region. Moreover, he believed that warm applications were greatly overdone, and the ice treatment was a useful alternative.

Dr. STURGES had had but little experience of this mode of treatment. Nevertheless his conclusions were rather those of Dr. Goodhart than of Dr. Lees. All the cases Dr. Lees had described were of young persons, and the mortality in these was very small. In children especially it was difficult to decide between croupous and broncho pneumonia. Broncho pneumonia was dangerous, but croupous pneumonia in children was very rarely fatal. Three cases described by Dr. Lees were of broncho-pneumonia, and in these ice and bleeding had been very efficient in relieving the patient. These were the most important cases described, and Dr. Sturges thought the treatment most likely to be of use in broncho-pneumonia. In a case of lobar pneumonia in the Westminster Hospital under Dr. Donkin, the temperature rose to over 106°, and there was great prostration. The ice-pack was applied, and a recovery ensued. Dr. Sturges expressed the view that lobar pneumonia by its nature was such that it was impossible to say that any remedies were successful in curing the disease. The late Dr. Hughes Bennett had reported over a hundred cases of pneumonia, some in elderly people, with a mortality of only 5 per cent. Pneumonia and typhus in regard to the influence of remedies were much alike. The temperature, delirium, and headache were much relieved by drugs, and the patients made comfortable. In this way ice was certainly of use, as Dr. Sturges had himself observed; but he doubted if the evidence was yet sufficient for us to say that we arrested pneumonia. He doubted also if it was as a rule a great good to shorten the pneumonia. In the pneumonia of drunkards, however, the inflammation was very destructive; but this was a very different disease, and it was especially doubtful here if ice would be of any use. Dr. Coupland also had tried the ice in a few cases in young people; he was satisfied with the treatment on the whole, and had had no ill results. He also doubted if the treatment had shortened the cases, but it had certainly relieved the symptoms.

Dr. ANGEL MONEY made a sharp distinction between two forms of pneumonia. He would not, for instance, use the ice-bag in what he called epileptic pneumonia, styled by the French "herpetic pneumonia." Here the onset was so sudden, the course so definite, and the sudden termination so certain, that the disease resembled an epileptic fit. In other cases, however, the ice-bag was of great value, though he did not say it curtailed pneumonia. It relieved the patient, and it was safe in application.

Dr. SYDNEY PHILLIPS had used the ice-bag himself, and seen it used much by Dr. Wilson Fox. The temperature was undoubtedly lowered by the ice, but it might for this purpose be applied to any part of the body. An objection to the ice-bag was that on its removal the temperature again rose, and sometimes to a higher degree than before. This was the case with all antipyretics, and it was doubtful whether it was desirable to attempt a lowering of temperature by such means, unless it had attained a very high degree. The ice-bag scarcely shortened the disease.

Dr. TIRARD had tried the ice-bag treatment in the Evelina Hospital. Of six cases thus treated, three showed benefit to have been derived; in the other three alarming collapse resulted. In six other cases not treated by ice, and also without poultices, the course of the cases was always good. By the ice-bag comfort was increased, but the disease was not shortened.

Dr. LEES, in reply, said that he did not desire to overpraise the ice-bag. It was certainly difficult to arrive at the true conclusion as to a particular remedy. He thought it very desirable to cut short the disease, if possible. Lobar pneumonia in young children nearly always got well, but some cases did not get well, and the two cases of undoubted lobar pneumonia which he had mentioned were especially dangerous, and, he believed, would not have recovered if left to themselves. He hoped that, now it had been shown that no danger resulted from adopting this treatment, other observers would be induced to give it a trial and record their experience.

MIDLAND MEDICAL SOCIETY.

MR. ROSS JORDAN IN THE CHAIR.

WEDNESDAY, OCT. 16TH.

Muscular Atrophy in Locomotor Ataxia.—Dr. SUCKLING showed a man aged twenty-nine, suffering from locomotor ataxia with well-marked muscular atrophy, the case corresponding in all respects with those recently published by M. J. Déjerine in the *Revue de Médecine* for this year. The man, a stenographer, had lived in America for four years, and had suffered from ague. His present illness began in December, 1887, when he was seized with incessant vomiting. He used to suffer regularly every month from attacks of severe pain at the stomach, with incessant vomiting. These attacks lasted three or four days, and obliged him to go to bed. For a year they occurred every month and then became more frequent. The attacks occur now every few days and constitute his greatest trouble. In June, 1888, he noticed his hands were numb, the numbness beginning between the index and middle fingers of the right hand, and since then his hands and feet, forearms, and legs have wasted. He has twice lost the use of the left arm, the loss of power lasting several days and gradually disappearing. He has also had double vision and ptosis at times. His hair is grey, and he is emaciated and feeble. The Romberg symptom is present, but there is not much ataxia; the knee-jerk is lost on both sides, the other reflexes are normal. The pupils do not respond to light, but do to accommodation. He suffers from shooting pains in the legs and arms, and occasionally round the body. He has quite lost sexual power, and his bladder is weak. His hands are clawed and much wasted; the muscles of the feet are also much atrophied and the feet are clawed. No fibrillary contractions have been observed. He has had recently an attack of weakness of the left upper extremity, the grasp being very weak, and the wrist dropped. The fingers of both hands are numb, as is also the ulnar side of the left forearm. Sensation is markedly impaired in the little and ring fingers of both hands and along the inner side of each forearm, and also on the left side of the trunk from the second to the sixth intercostal spaces—all forms of sensation are impaired. The man has never had syphilis, has been steady, and there is no hereditary history. The reaction of degeneration is not present, but the reactions are short and sudden in the muscles of the left forearm. M. J. Déjerine has shown that the muscular atrophy in tabetics is due to peripheral neuritis, and Dr. Suckling considered that this case supported his views from a clinical aspect. Suspension was tried in this case, but could not be borne. Quinine was useless; morphia was the only drug that gave relief.

Hereditary Chorea (Huntington's Disease).—Dr. SUCKLING showed a man, aged thirty-nine, a machinist, suffering from this complaint. He had suffered from jerky movements of the hands and feet for three or four years. He states that he is always "on the jerk," and often stumbles. He is constantly "snuffling" from spasms of the diaphragm. The knee-jerk was normal, and there were no signs of disease beyond the move-

ments. He had had rheumatism slightly in one shoulder, but the heart was unaffected. He stated that the disease was in his family, and that his mother died at the age of fifty-six, after suffering for sixteen years from the complaint. She became quite helpless and unable to feed herself some years before she died from bronchitis. The patient's sister (aged thirty-eight) is also affected. She has suffered from the disease for five years, and cannot be trusted to wash dishes &c., as she always drops them. The patient's youngest daughter (aged twelve) is also affected with the disease. Dr. Suckling pointed out the distinctive features of hereditary from ordinary chorea. Hereditary chorea affects adults chiefly; it may come on in middle life, it is directly hereditary, not indirectly so, as in ordinary chorea. It cannot skip a generation; if a member of an affected family escapes, then the inheritance in his or her case ceases. At first the movements can be controlled by the will; but, as the disease progresses, become quite involuntary until the patient is unable to walk, becomes bedridden and demented. Ordinary chorea gets well. Hereditary chorea may remit or exacerbate, but never gets well. It probably is due to congenital faulty development of the nervous system, and in this respect is analogous to Friedreich's ataxia.

Amputation of Leg.—Mr. JORDAN LLOYD showed a leg that he had recently amputated for chronic ulceration. There was very great hypertrophy of the skin and subcutaneous tissues, together with some thickening of the bone.

Mr. MARSH read a paper on the Treatment of Malignant Disease of the Rectum, and showed a patient from whom he had excised the rectum, after having done a preliminary colotomy.

The following gentlemen have been elected office-bearers for the ensuing year.—President: Mr. Lawson Tait. Ex-President: Mr. Hugh Ker. Members of Council: Drs. Holmes Joy, A. Underhill, Simon, and Messrs. Bennett May, Jordan Lloyd, Messiter, Chavasse, Barling, Priestley Smith, A. Clay, Eales, and W. Thomas. Treasurer: Mr. Garner. Secretaries: Dr. Suckling and Mr. Haslam.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY

THE opening meeting of this Society was held on Wednesday, October 16th, Mr. Joseph White, President, in the chair, when the inaugural address on the "Prophylaxis of Uric-acid Gravel" was delivered by Sir WILLIAM ROBERTS.

The lecturer detailed various experiments carried out by himself, with the object of discovering the conditions most favourable to the formation of uric-acid gravel, and showed that the most important factors were acidity of the urine, sparse urinary pigmentation, and to some extent diminution in quantity. He believed that the excessive formation of uric acid was of less importance than was usually considered. The treatment should be directed to correcting the above conditions. Large doses of bicarbonate of potash, the bicarbonate of soda, or the carbonate of lithia should be given. A "mid-sleep" dose was insisted on, as of much value. With regard to the dietetic treatment, he pointed out the common occurrence of stone in India, and amongst the children of the poor, in both of which cases cereal diet was largely consumed. Food of this nature should be sparingly taken by people having a tendency to the formation of gravel.

A vote of thanks to Sir William Roberts was proposed by Dr. Tate, seconded by Dr. Curgenven, and carried unanimously.

TESTIMONIAL TO MR. SIDNEY PLOWMAN, F.R.C.S. An event of much interest took place at St. Thomas's Hospital on Saturday, the 26th ult., when Mr. Sidney Plowman, who is leaving the hospital, having accepted the appointment of Professor of Pharmacology &c. to the University of Melbourne, was presented with the new edition of the "Encyclopædia Britannica" in an open case. Dr. Bristowe, who made the presentation on behalf of the subscribers, referred in most complimentary terms to the high position which Mr. Plowman had made for himself both as a lecturer and teacher in the medical school, and whilst congratulating Mr. Plowman on his appointment, regretted the loss which his departure would be to both hospital and friends.

Reviews and Notices of Books.

Gynæcological Electro-therapeutics. By HORATIO R. BIGELOW, M.D. London: H. K. Lewis. 1889.

THIS volume begins with an introduction by Dr. Apostoli, giving a cursory review of various kinds of electricity and their application to various diseases. The book deals with electrical laws, various kinds of electricity, batteries, tumours of the uterus and their treatment, diseases of the ovaries and tubes and peri-uterine inflammation, metritis and endo-metritis, disorders of menstruation, displacements of the uterus, and additional cases, with discussion.

The methods of electricity are fully explained, with many illustrations, but at the present date it is not too much to expect some proof of the effects of electricity on living tissues. While discussions on this question seem to occupy much time in societies, facts are conspicuous by their absence. Before statements as to the effects of electricity on the uterus, fibroids &c., can be properly discussed, we ought to be able to read some accounts of actual experiments on fibroid and other tumours on the external and accessible regions of the body. That so much clinical statement should at this time exist side by side with so little scientific research seems to us to be a reproach to all who claim to erect electro-therapeutics into a great curative system. As regards clinical results, opinions and experiences vary widely, as will be seen even in the appendix to this work. According to these various views, electricity is a panacea, untrustworthy, or useless.

Among the supporters of the treatment in London are mentioned Drs. Steavenson and Duncan. The apposition of these names would seem to imply that Dr. Matthews Duncan (obstetric physician to St. Bartholomew's Hospital, of which Dr. Steavenson is electrician) was the person referred to. We cannot find that Dr. Matthews Duncan has anywhere expressed his approval, although most of Dr. Steavenson's cases came out of his department. Indeed, he did not speak in the discussion on electrolysis at the Obstetrical Society (Obst. Trans. for 1888). In the twenty-fourth volume of the St. Bartholomew's Hospital Reports, 1888, pp. 89–130, will be found a paper by Dr. Steavenson on thirty cases of uterine fibroids treated by electricity. His results are thus summed up, p. 129:—

"In eight cases the result may be described as very good, the patients having greatly improved and the tumours diminished in size. Fifteen others may be said to have improved, the symptoms being relieved; in one of these cases the tumour was larger at the end of a year, but the distressing and exhausting symptom of loss of blood, for which treatment was primarily sought, was relieved and has not recurred. Two cases of the fifteen were improved at the time they left the hospital, but we have not since heard of them. In one case the tumour was extruded from the os and removed by the écraseur; in one case the occurrence of pneumonia cut short the treatment; in four others no improvement took place; two improved while under treatment, but relapsed; one case ended fatally by ulceration into a large vessel.....The results of the cases reported are not as brilliant as could be wished, and the treatment is not altogether free from danger, as shown by the fatal case; but, compared with other methods, it is probably the best short of actual removal by operation. *Whether the advantage, which is small, is worth the extra trouble and time involved it is difficult to say;* this point can possibly only be decided by reference to the circumstances connected with each case. It would seem that Dr. Apostoli has not found it so uniformly successful as at first he believed, for he has recently advocated the treatment of uterine fibroids by the interrupted current."

When a man possessed of the technical knowledge of electricity of Dr. Steavenson has appropriate cases selected for him by a man of the calibre of Dr. Matthews Duncan, and tells us that he is doubtful whether the game is worth

the candle, we really think that the most serious indictment yet produced has been brought forward against the treatment.

Finally, we refer our readers, especially electricians, to the summing up of the President of the Obstetrical Society (Dr. John Williams) on the occasion of the debate on electrolysis.[1] There will be found an analysis of the principal utterances of Dr. Apostoli and his followers. He refers to the fact that in 1881 Dr. Apostoli advised treating the uterus during the lying-in period by faradisation with a view to prevent subinvolution, metritis, and other evils. This proposal he left to the judgment of each Fellow of the Society. He points out, as we have been obliged to do, that the literature consists of descriptions of instruments and of sweeping assertions. The work of Dr. Carlet (Dr. Apostoli's pupil) contains the following statement: "It is certain that, in practice, small, interstitial fibroid tumours, which require for their diagnosis great skill in digital examination and in the use of the sound, are often regarded as chronic metritis, *engorgement of the ileum, ulceration of the neck*, anteversion, anteflexion, and especially retroflexion and retroversion." It will be observed, therefore, that, in the case of Dr. Apostoli's series, we have not the guarantee of experience in diagnosis presented by that of Dr. Steavenson, which had mostly passed through the hands of Dr. Matthews Duncan. Hence, perhaps, the difference. Dr. Williams analyses Dr. Apostoli's cases in Dr. Carlet's book, and shows that the accuracy of diagnosis is very debateable, and the results do not compare favourably with those of the older methods. We are sorry that Dr. Bigelow makes no allusion in his book to either of these important publications.

A Handbook of Surgical Pathology, for the use of Students in the Museum of St. Bartholomew's Hospital. Second Edition. By W. J. WALSHAM, M.B., F.R.C.S., assisted by D'ARCY POWER, M.A., M.B., F.R.C.S. London: Baillière, Tindall, and Cox. 1890.

WE congratulate Mr. Walsham upon the appearance of a second edition of this work, it being eleven years since the production of the first, which has long been out of print. Since that time a renumbering of the whole of the specimens in the museum has of itself, even if no other reason existed, rendered necessary a revision of the work. In general plan and arrangement this handbook follows closely the original lines, it being really an amplification of the catalogue of St. Bartholomew's Museum. Two new points have been introduced: descriptions of many pathological conditions have been given which do not find illustration in the museum; this is a wise innovation, for it not only makes the volume more useful as a text-book to the St. Bartholomew's student, but it renders it more valuable to the general reader who has no opportunity of access to the specimens described. Another feature is the copious reference to the casts, drawings, and photographs, in which the museum is fortunately rich, and which are too often neglected by the student if his attention be not specially directed to them. Mr. Walsham has been fortunate in securing the collaboration of Mr. D'Arcy Power, the late curator, whose especial knowledge of the recent additions to the museum must have been invaluable in completing the revision of the work. The opening remarks with which the various sections commence have been extended and in many instances rewritten, and the whole have been brought well up to date. They still remain for the most part brief, simple, and clear; and, as for instance in the descriptions of tubercular disease of bones and joints, serve as embodiments of the most modern pathological teaching. We can confidently recommend the volume, which is handsomely got-up, not only to the students for whom it was originally intended, but also to the general surgical reader.

[1] Obst. Trans., vol. xxx. for 1888, pp. 285-8.

OUR LIBRARY TABLE.

Clinical Lectures on Diseases of the Nervous System. By Prof. J. M. CHARCOT. Vol. III. Translated by THOMAS SAVILL, M.D. Lond. London: The New Sydenham Society. 1889.—The subjects dealt with in this third volume of Professor Charcot's lectures, which the New Sydenham Society has produced, concern mainly functional affections of the nervous system. Hysteria, in various phases of its remarkable developments, and particularly the rarer forms of hysteria in the male, is, indeed, the main topic, to which many lectures are devoted. Needless to say the same vivid word-pictures and clear exposition so characteristic of all Professor Charcot's teachings find ample scope in dealing with such subjects. There are also in this volume lectures on Muscular Atrophy, Word-blindness, Tremors, and Choreiform Movements, the whole making a most interesting and attractive series, and fully maintaining the reputation of their author. As we have had occasion to notice these lectures in their original form, it is unnecessary to do more now than commend them to our readers, who will find in Dr. Savill's translation a faithful reproduction of Professor Charcot's text, and who cannot fail to be instructed by their perusal.

Die Geschichte der Tuberkulose. Von Dr. AUGUST PREDOHL. Hamburg und Leipzig: Leopold Voss. 1888.—There is no more fascinating subject in the history of medicine than the record of the gradual development of truer conceptions of the nature of tubercular disease. We see in it the evolution of all pathological doctrines, from that of gross morbid anatomy, when "tubercle" was used in its strict sense to denote every nodule or projection within an organ (e.g., cirrhosis of liver), to a special neoplasm, produced by a specific excitant and undergoing definite changes. Slowly, and often with the necessity of retracing their steps to previously attained points, have observers reached their present conceptions of the disease. Dr. Predohl deserves the thanks of all interested in pathological science for having collated almost every opinion on the subject, from the days of Morton to those of Koch; and for having presented the views of the large army of observers in a coherent and singularly lucid manner. His book should prove of service not only to the student of the history of medicine, but to the working pathologist, who will find in its pages many facts with which he would do well to familiarise himself. The subject is dealt with in three sections—viz.: (1) The Period before Villemin; (2) The Period of Experimental Research commencing with Villemin; (3) Tuberculosis, a parasitic infective disease.

Observations on some Rare Diseases of the Skin. By J. F. PAYNE, M.D. London: Smith, Elder, and Co.—Dr. Payne's *brochure* of fifty pages is a reprint, with some additions and the original illustrations, of rare cases, chiefly from the Pathological Transactions. They are: 1. Granuloma Fungoides. 2. Erythrasma. 3. A Nodose Condition of the Hair. 4. Pruritus Hyemalis. The first is the one of most importance, and the author gives a good *résumé* of our knowledge, to which he has himself contributed, of this formidable and interesting disease; but it seems a pity to try to replace Alibert's original name of "mycosis fungoïde" by a new name of German origin, which does not express any real addition to our knowledge of the pathology of the disease. Dermatologists will be glad to possess this record of interesting cases without having to hunt them up in the Pathological Transactions.

The Journal of Anatomy and Physiology.—Edited by Professors HUMPHRY, TURNER, and M'KENDRICK. Vol. xxiv. Part I. October, 1889. Williams and Norgate.—The contents of this part are:—1. The Proamnion and Amnion in the Chick, by Dr. Shore and J. W. Pickering, of St. Bartholomew's Hospital. 2. Variation in the Nerve Supply of the first Lumbrical Muscle in the Hand, by J. T. Wilson.

In two instances the muscle was supplied by the median and by the ulnar. 3. Function of the Prostate Gland in Man and Animals, by Joseph Griffiths. 4. The Vertebral Column of a young Gorilla, by Johnson Symington. 5. Innervation of the Axillary Muscles in Man, by J. T. Wilson. 6. Significance of Third Trochanter and other Bony Prominences in Man, by Thomas Dwight. 7. Vascular Anomalies observed in Session 1888-89, by Francis Shepherd. 8. The Flexors of the Digits of the Hand, by Bertram Windle. 9. The Organs of Taste in Belideus Ariel, by Fred. Tuckerman. 10. Contributions to Osteology of Arctic and Subarctic Water-birds, by R. W. Schufeldt. 11. Proportion of Bone and Cartilage in Lumbar Segment of Vertebral Column in Man and Apes, by Professor Cunningham. 12. By the same author, the occasional Eighth True Rib, and its relation to Right-handedness. 13. The Organs of Taste in Man, by F. Tuckerman. 14. Abnormal Vascular Supply to Liver, by Humphry Rolleston. 15. Proceedings of the Anatomical Society of Great Britain.

Fièvre des Foins, Pathogénie et Traitement. Par le Dr. MARCEL NATIER. Paris: O. Doin. 1889.—This *brochure* aims at being a review of the main theories of the origin of that troublesome affection hay-fever, which, the author remarks, appears to be far more common in America and England than elsewhere, and of the treatment based on these views. It may suffice to say that, after discussing the theory of the agency of pollen, originated by Elliotson and so ably supported by Blackley, the "arthritic" theory propounded by Guéneau de Mussy, and the "microbic" theory suggested by Helmholtz, he himself declares that the "nasal" theory originated by Daly, the serious acceptance of which dates only from 1884, when Hack published his work, best accords with the phenomena of the disease. This view accounts for the periodical recurrence with the summer season, in a special vaso-motor neurosis, whereby the erectile tissue of the nose is liable to excessive hyperæmia on comparatively slight causes of mechanical or chemical irritation. The "pollen theory" is quite hypothetical, but it is obviously possible to ally it to the special susceptibility of which the author speaks, which may be the root of the evil, and which apparently may lead to its radical cure by galvanic cauterisation of the nasal membrane.

The Quarterly Journal of Microscopical Science. No. cxviii., July, 1889. Edited by Professors RAY LANKESTER, KLEIN, and ADAM SEDGWICK.—This part contains the following Memoirs:—1. A Comparative Study of Striated Muscle, by Wm. A. Haswell, Sydney. 2. Contributions to Animal Chromatology, by C. A. MacMunn. 3. On Some Points in the Anatomy of Polyxenus Lagurus, by F. G. Heathcote. 4. A Remarkable Crustacean Parasite and its bearing on the Phylogeny of the Entomostraca, by Herbert Fowler. 5. Notes on the Anatomy of Scorpions, by Muliyil Narayanan. 6. The Anatomy of Phoronis Australis, by William B. Benham. 7. Karyokinesis and its Relation to the Process of Fertilisation, by W. Waldeyer. Eleven plates illustrate the memoirs.

The American Journal of the Medical Sciences. Published monthly. Edited by T. MINIS HAYS, A.M., M.D. Philadelphia: Lea Brothers & Co. August, 1889.—The excellence of this well-known journal has in no way suffered from its more frequent publication, and the number before us fully maintains its high reputation. Dr. Gairdner of Glasgow is the sole British contributor, with an article on a case of Anomalous Cardiac Murmur concurring with Fatal Cerebral Disease.

Zeitschrift für Biologie. Band xxvi., Hefte 2 und 3. Williams and Norgate. 1889.—This number contains the following articles:—1. On the Influence of Distension of the Peritoneal Cavity with Fluid on the Circulation and Respiration, by Dr. G. Heinricius of Helsingfors. 2. On the Causes of the First Inspiration, by Dr. G. Heinricius. 3. On the Importance of the Pulmonary Vagi in the New-born Child, by Dr. G. Heinricius. 4. On Secondary Muscular Excitation, by W. Kühne. 5. On the Nutritive Value of Beans in the Intestinal Canal of Man, by Dr. Wilhelm Pravsnitz. 6. On the Reduction of Hæmoglobin in the Heart, by Sophie Handler. 7. The Importance of the Mesocephalon for Respiration.

Analytical Records.

LIQ. EUONYMIN ET PEPSIN CO. (OPPENHEIMER'S).

(OPPENHEIMER BROS. AND CO., SUN-STREET, FINSBURY-SQUARE, LONDON.)

A DARK-BROWN, clear fluid, acid to test paper and bitter in taste. Analysis gave distinct proof of the presence of euonymin, and the activity of the pepsin was ascertained by its effect on white of egg. The preparation is evidently to be well trusted as a hepatic stimulant.

EUONYMIN COCOA, SPECIALLY PREPARED FOR DYSPEPTICS.

(OPPENHEIMER BROS. AND CO., SUN-STREET, FINSBURY-SQUARE.)

This, like the last, is a good preparation. The cocoa is of superior quality, and the euonymin, although perceptible, does not interfere materially with the cocoa flavour. Many persons who cannot digest cocoa will find this beneficial.

CREAM OF MALT WITH TEREBENE.

(OPPENHEIMER BROS. AND CO.)

Terebene is easily found in this compound, which, indeed, smells and tastes strongly of it. The malt extract used in the manufacture is excellent, for it converts starch very readily.

BEEF OATMEAL.

(H. AND T. KIRBY AND CO., LIMITED, NEWMAN-STREET, OXFORD-STREET.)

This beef oatmeal is prepared by Mr. Kirby's patent process for the manufacture of "Nutrimentin," by which fresh meat is condensed and preserved in an uncooked condition. To the eye and under the microscope this preparation appears like ordinary oatmeal, but the smell and flavour show the presence of some strong beef extract. When prepared with hot water as directed a most nutritious and palatable food is obtained. We think that beef oatmeal will be both useful and popular.

GERM BREAD AND BISCUITS.

(WATT AND SONS CLEDHOV-TERRACE, SOUTH KENSINGTON.)

Germ flour is said to consist of wheat germ specially treated and mixed with a certain proportion of fine roller-milled flour. It is well known that the germ is a peculiarly nutritious portion of the grain, and its successful use in bread and biscuit making is therefore satisfactory. The bread and biscuits submitted to us were excellent in appearance and flavour, and a microscopic examination showed freedom from irritating bran and from foreign admixture. This new food-preparation deserves commendation.

THE DENTAL ASSOCIATION.—The Midland Counties Branch of the British Dental Association held a meeting at Halifax last week, there being a good attendance. The proceedings were of an interesting nature, papers being read on Unregistered Practitioners and on Pulpless Teeth, whilst an apparatus was exhibited for the administration of nitrous oxide and oxygen for dental operations, some of the gentlemen in the room being experimented upon. A naso-pharyngeal apparatus for administering chloroform was also shown and its working explained, as was also an oxy-hydrogen apparatus for working by night or in dark weather.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 2, 1889.

THE first report of the Royal Commission on Vaccination, just issued, commences with a statement of the order in which the evidence on the several subjects will be received. These subjects are as follows:—1. The historical and statistical case in favour of vaccination. 2. The arrangements made for vaccination under the existing law, and the mode in which the law is administered. 3. The case against vaccination, and especially against its continuing to be made compulsory. 4. The reply to these objections. 5. Any substitutes that can be suggested in place of vaccination for the purpose of preventing the spread of small-pox. 6. Any improvements that can be suggested in the present law or its administration for the purpose of removing objections to vaccination or making it more effective.

The volume now before us deals solely with the first-named subject, and hence it necessarily takes up one side of the question only. So far, four witnesses only have been heard, and it is evident from some of the questions put to them, and their replies, that they are not the only ones who will tender evidence under the first heading. It may therefore be assumed that a lengthened inquiry is in prospect, and that for this reason it has been thought desirable to issue the report in separate portions at different intervals, a plan which will at least have the advantage of enabling all who are interested in the subject to read the whole body of the evidence at their leisure.

Sir JOHN SIMON was appropriately called as the first witness, and his evidence was mainly historical in its character. Thus, he gave some history of vaccination from the days when it was first discovered by JENNER, but the greater part of his evidence was taken up in maintaining the principles laid down in his celebrated paper on the History and Practice of Vaccination, which he submitted to the General Board of Health in 1857, and which was at that time laid before Parliament. That paper has long been out of print, but as it is now embodied in the Appendix to this first report, it will once again be available for general use and reference. But whilst generally maintaining the attitude which he took in 1857, Sir JOHN SIMON wished it to be clearly understood that a further thirty years' experience of a subject which is hardly a century old had led him to modify his views on some points of detail; and in this connexion he especially instanced the duration of vaccination as a preventive of small-pox. JENNER vaccinated a large number of adults, and they appeared to have acquired a life-long protection; but as vaccination is more and more performed during the early years of life, so means have been afforded for ascertaining that the duration of the protection is limited; and whilst Sir JOHN SIMON still maintains that, in nearly all instances, the protection given by vaccination is never altogether effaced, yet he finds that the repetition of the operation is needed at an earlier date—namely, at about ten or twelve years of age—than he formerly thought necessary, if protection in the face of an epidemic is to be maintained. His cross-examination hardly dealt with the main features of his evidence. Some of it related to lay questions on obscure points of physiology, which even he did not feel able to answer straight off; other questions put to him had to do with the origin of vaccine lymph, and it was elicited from him that, as far as his knowledge went, he believed JENNER was right when he gave the name "variola vaccinæ" to the disease, and that it was really small-pox grafted on the cow. Some further questions were put to him, apparently to show that since "fever" and small-pox had, at least in London, diminished somewhat simultaneously, therefore the decrease in both diseases had been due to one and the same cause; but, even apart from the fact that some of the statistics in question as to "fever" were so far useless as to include such a disease as plague, the witness strongly maintained, as the result of his experience, that there was not the least reason for believing that there was any such connexion as had been suggested between the two diseases. And, lastly, being pressed by Mr. PICTON as to whether nurses in prevaccination days contracted small-pox to the same extent as those in attendance on that disease, and who have not been recently vaccinated, are now alleged to do, Sir JOHN SIMON reminded his questioner of the fact that in the earlier period referred to a very large proportion of adults had, before they became nurses, already suffered from small-pox, and therefore stood on the same footing as small-pox patients who elect to remain as small-pox nurses in hospitals in the present day; adding, "Let your unvaccinated, if they would like to make the experiment for the public service, try how *they* would fare if they exposed themselves to the same test."

Dr. WILLIAM OGLE, of the General Register Office, was the next witness, and he naturally dealt with the subject essentially from a statistical point of view. Taking the forty-six years since the registration of causes of death was established, and dividing it into two equal periods each of twenty-three years, he pointed out that whereas in the first period the small-pox death-rate was only twice under 100 per 1,000,000, it was so twelve times in the second period; and whereas in the first period the rate was only on five occasions under 150, it was so nineteen times in the second period. He then referred to the division which the Registrar-General made in one of his annual reports, showing that from 1838 to 1853, when vaccination was purely optional, the small-pox death-rate was 408 per 1,000,000; that from 1854 to 1871, when it was nominally compulsory, but when it was not obligatory to appoint officers to enforce compliance with the law, the rate fell to 223 per 1,000,000; and that from 1872 to 1887, a period in which the Vaccination Acts have been more efficiently enforced by properly appointed officers, the rate had fallen to 114 per 1,000,000, the decline in the whole period being about 72 per cent. A good deal of cross-examination was directed to the question why the third period was not made to commence with the year 1867, when the principal Vaccination Act was passed; and whilst Dr. OGLE admitted that the rates would naturally vary according as the heavy small-pox mortality of 1871 was placed in one or the other group, he yet maintained

that whilst the Act of 1867 was largely a complete Act on paper, he had decided, as the result of great pains taken to ascertain where the division of the periods ought properly to be made, that since before the vaccination officers were appointed under the Act of 1871 there was no such efficient carrying out of the Acts as ensued after these officers were appointed, he had rightly made his third period to commence at 1872. But at a later stage of his examination he varied the arrangement of the periods so as to change the position of 1871 with its epidemic, the result being that for 1838–39, when vaccination was not only voluntary but not even gratuitous, the small-pox death-rate was 827 per 1,000,000; that in 1840–53, when vaccination, though still voluntary, was made gratuitous, the rate fell to 336; that in 1854–67, when vaccination was nominally obligatory but not generally enforced, the rate fell further to 188; and that from 1868 onwards, including a long period in which officers have been appointed to enforce the Acts, the rate has still further fallen to 155.

The question of the age-incidence of small-pox mortality was next entered into at length, and it was explained that whereas small-pox has enormously diminished under five years of age, during 1847–1887, the period controlled by the vaccination laws, namely, from 1617 to 114 per 1,000,000, the diminution at from five to ten years has been less marked—namely, from 337 to 120 per 1,000,000; that from ten to fifteen years has been still less marked—namely, from 94 to 69 per 1,000,000; and that at higher ages a small but somewhat steady increase in the mortality has taken place. This Dr. OGLE attributed to the fact that whereas formerly many persons in adult life were protected against small-pox by an attack in infancy of that disease, they now only possessed the more waning protection of an infantile vaccination, "consequently the death-rates are increased during the more advanced ages because protection by vaccination has taken the place of protection by small-pox." As to this, Dr. OGLE was a good deal questioned with a view of ascertaining whether in any other disease, whilst there had been an enormous diminution in mortality at all ages, anything corresponding to small-pox which indicated a possible gradual extinction under five years of age with an increase at later years of life could be found. Dr. OGLE knew of no disease apart from small-pox which had behaved thus; and he could only interpret its special behaviour at different ages to the great protection of a recent vaccination and to its subsequent waning influence. As to "typhus," which in some way resembled small-pox as regards its diffusion, he explained that the seeming analogy was altogether misleading, since "typhus" in children formerly meant almost anything except real typhus, and that its omission from the death registers as a cause of infant death was essentially a matter of improved diagnosis and nomenclature. This led up to the question of the influence of sanitation as a preventive of small-pox, and Dr. OGLE expressed the conviction that, unless vaccination be included in the term, sanitation could not be regarded as having, to any material extent, diminished small-pox mortality. As bearing on this point, he regarded measles, scarlet fever, diphtheria, and whooping-cough, as fit to be compared with small-pox, and he showed that whereas the percentage of the deaths from small-pox under one year which had occurred in the last nine months of the year (i.e., after a vaccination at three months) had fallen from 63 to 50, as vaccination had been more and more enforced, the rate which corresponded with that 50 per cent. was, for measles 97 per cent., for scarlet fever 95 per cent., for diphtheria 89 per cent., and for whooping-cough 82 per cent.; and he urged that "the last nine months of the first year of life are for some reason or other protected against small-pox to a greater extent than they are protected against measles, scarlet fever, diphtheria, or whooping-cough"; vaccination, as applied to small-pox, alone explaining the difference. Some very useful and instructive tables relating to the matters dealt with in his evidence are contained in the Appendix to Dr. OGLE'S statement.

The remainder of the report we shall deal with in another article.

THE Archbishop of Canterbury has done well to devote his chief attention in his recent series of charges to the consideration of the Church's duty in respect of the two great national sins, intemperance and impurity. We have seen with satisfaction that the Nonconformist branches of the Church have been doing the same. The Church never appears to greater advantage than when helping men and women in the struggle with besetting sins; although sometimes it spends itself in petty questions which men feel to have no relation to their present life or any other. It is amazing how much swing such sins have in a Christian country, and even in its most religious parts. Nobody will doubt the religiousness of Scotland. No country has made greater sacrifices for her religion; no Church has had greater ministers than the Church of Scotland has had in such men as CHALMERS, MACLEOD, CAIRNS; but the reign of whisky is still unbroken, as it is in the equally religious country of Ireland. The Archbishop says that the evil of impurity is too strong for science, and quotes the grave and almost despairing words of the President of the British Medical Association as to the plague spot that "saps the health of millions." These evils are so dominant as to make both divines and men of science humble. Neither those who are supposed to be the ministers of the soul nor those whose special care is the body can afford to reproach each other. We, as medical men, certainly have tremendous responsibilities in regard to the prevalence of both sins. We see every day the consequences of them; often we are consulted about them by those who are in a state to receive not only medical but moral and friendly advice, and woe betide the physician or the surgeon who fails in his duty at such supreme moments of opportunity. The medical man who minifies vice in a patient, or who seems to sanction it, prostitutes his office and misleads his patient. He is like a pilot who takes his hapless ship into a tempestuous sea when he might have chosen still waters. We have lately quoted the opinions of Sir JAMES PAGET and Dr. GOWERS as to the safety of chastity and the physician's duty in regard to all breaches of it, actual or proposed. Their deliverances are practically unchallenged. If there are other and opposing voices in the profession they are ashamed to speak out. From the mere physical standpoint unchastity is fatal. We speak of its tendency, not of individual cases. If anyone doubts this let him read the account given in our

Paris correspondent's letters of the inheritance of syphilis, in THE LANCET of July 20th and Aug. 3rd and 17th. The authority is no less a one than Professor FOURNIER, who has not drifted into the fashion of speaking lightly of syphilis and its consequences as if it were a declining evil. It is to him "a veritable social calamity," "a factor in depopulation," "it has an enormous mortality following in its train," "it is a disease which affects the whole being, which by the general reaction it exercises on the organism, is capable of exciting, side by side with the symptoms or manifestations proper, others of another order, no longer syphilitic in the ordinary sense, although indirectly derived from syphilis, and which he proposes to term *parasyphilitic*." These are the words not of an English physician, who may be supposed to have puritanical prejudices, but of a French syphilographer who looks on social questions and on this great social plague with an experience probably not exceeded. Evidently in his case familiarity has bred no contempt of a disease which every man who abandons the lines of morality should be prepared to accept for himself and for his posterity. Neither must it be supposed that coarse or subtle physical disease is the only evil and retribution of unchastity. It is a misdirection altogether. It is giving up the mastery and regulation of the system, on which not health alone, but conduct and character, all depend. Admitted that the passion in question is an imperious one, it is still meant to be subordinate to reason, circumstance, and religion. We are not beasts, but social and rational beings. The sexual passion in man cannot be wantonly exercised without disturbing his whole nature and subordinating that which should be uppermost. There is much the same difference between the capricious, sensual, impulsive use of this function and its regulated recognition in marriage as there is between St. Vitus's dance and regular muscular exercise, and the medical man who advises or connives at the former must have an uneasy sense of responsibility if his patient becomes irregular in other respects. But we must insist that if any such medical men exist, they do not represent either the science or the ethics of medicine.

The vice of intemperance was discussed with great care by the Archbishop. He spoke with much caution on legislative enactments for its abatement. One of the best things the Archbishop said was that to make a political contest out of such a question would be bad both for politics and morals. It is one of the evils of our present constitutional system that such an urgent question cannot be discussed apart from political grounds and tactics. He quoted the saying of the Lord Chief Justice, that scarcely a crime came before him which was not directly or indirectly caused by strong drink. The Primate saw nothing inconsistent with this in admitting that the criminal had rarely had a good start; he inherits too often a vicious constitution, and is born into a criminal atmosphere. Apart from the intemperance that leads to crime, there is the great mass of intemperance that leads to poverty, and a less degree still that yet leads to various forms of ill-health. The responsibility of the medical profession is perhaps greater here than in the case of the first vice we have noticed. Undoubtedly some medical men too lightly prescribe alcoholic stimulants for their patients. And it is equally certain that the prescription is used as an excuse for taking the stimulants long after the necessity for them has passed away, and when all other parts of the physician's prescription have ceased to be remembered or regarded. Further, it is only fair to medical men to say that the most distinguished members of the profession have given a new meaning to intemperance, and have shown that quantities which a few years ago were considered moderate are fruitful sources of ailment and even of disease, and that the leaders of the profession at least are conspicuous for their moderation. Still, we cannot fail to see that by our prescriptions and by our example we may mightily help or hinder improvement in the national habits in this respect. We are probably the most gouty nation under the sun, and for nineteen centuries at least we have been drinking freely. It is time to reconsider our habits. A little more sobriety will certainly not be inconsistent with our national virtues, and it will immensely reduce poverty, misery, and disease. The clergy are siding most creditably with the promoters of temperance. So should medical men, not intemperately, but by caution in prescription, the condemnation of all casual drinking without food, and by the utmost care in personal habits.

WHENEVER any radical change of treatment of any common disease is recommended, it has to encounter numerous objections, not only before it is generally adopted, but even before it is fairly tested. A new treatment always runs the risk of being lightly turned aside; perhaps, in some cases, from the distrust aroused by the energy with which it is advocated. Accounts of new medicinal remedies in particular are ordinarily received with great reserve. The chemical composition and the physiological action are closely interrogated before statements of clinical results are allowed to pass as scientific facts. The sources of fallacy are so numerous that scepticism ordinarily greets the brilliant statements which are so customary when the virtues of a new remedy are detailed. No disease, perhaps, has given rise to more conflicting statements than pneumonia, and in no disease is it more important to guard carefully against erroneous deductions from favourable issues. Already numerous drugs have been given the credit of hastening the crisis or of cutting short the disease, and subsequent experience has shown that they do not merit the marvellous properties assigned to them. With regard to outward applications, however, there has been less difference of opinion, and although from time to time there have been indications of a wavering faith, there can be no doubt that in the profession and among the general public it has tolerably uniformly been held that as pneumonia is very commonly the result of a chill, so it is to be treated with poultices and hot fomentations as a matter of routine. In spite of the prevalence of this idea, it would be extremely difficult to find any sound basis for it. Most practitioners probably would defend the practice by referring to the relief given by hot applications, and would point, perhaps, to the fact that patients are rendered more comfortable, that the breathing is easier, and that perhaps a sound sleep may ensue. Some might go so far as to say that after the sleep the temperature fell and convalescence commenced, but in the majority of instances this would be arguing from *post hoc* to *propter hoc*.

In these days it is not seriously held that the application of poultices or hot fomentations can directly control the pathological changes which are the essence of pneumonia, still less is it believed that they have any power of curtailing the fever. They relieve pain and they satisfy the natural anxiety to do something in conditions of great apparent distress and danger, and for these reasons, perhaps, they have hitherto held their ground so securely, that in general practice it might be considered unwise to attempt to treat pneumonia without them. The disease is serious, it may prove fatal, and the general practitioner not unnaturally shrinks from unprofessional criticism of his treatment. We have mentioned above that this routine has not been allowed to pass unchallenged. Indications have not been wanting to show a growing tendency towards the treatment of pneumonia by cold applications, and at the last meeting of the Harveian Society an array of evidence was adduced in its favour. In another column a full account of the proceedings will be found, from which it will be seen that the subject of the treatment of pneumonia by the ice-bag was introduced by Dr. LEES, who, while strongly advocating this system of treatment, spoke with considerable caution of his results and their interpretation. From careful consideration of eighteen cases which had come under his observation, he concludes that in the treatment of pneumonia the ice-bag has a distinctly curative influence, which is not limited to a mere reduction of temperature, but extends to a repression of the inflammatory process in the lung. The cases he narrates are very instructive and suggestive, and from them it will be noted that although attention seems to have been very largely directed to pyrexia as a measure of the progress of the treatment, yet the physical signs were also carefully observed, and in the majority of cases underwent marked improvement. In other words, Dr. LEES does not recommend the employment of the ice-bag merely for the control of high temperatures; he believes that the benefits are not confined to this, and indeed he would appear to regard a fall of temperature merely as a side indication of a general amelioration. This hopeful opinion was scarcely endorsed by other observers, although there was unanimity of belief in the absence of risk when the cases were carefully watched, and any tendency to collapse controlled by brandy and warm applications. Further than this, it appears to have been the experience of all who spoke that the immediate result of the treatment was to give very marked relief from pain, to lower the temperature, reduce the pulse and the frequency of breathing, and to promote sleep. The tendency to drowsiness was mentioned in several of the cases narrated. When we look for ill results in the accounts given, they are not very apparent, or very serious. In no single instance was any extension of the inflammatory process attributed to the use of the ice-bag, and this is certainly a strong argument in its favour. On the other hand, the rapid fall of temperature seems in some few cases to have been followed by failure of the pulse, blueness, and coldness, and although these undesirable symptoms were readily controlled, and gave rise to no permanent anxiety, this warning is worth bearing in mind, more particularly perhaps in private practice, unless intelligent and skilled assistants are constantly watching the progress of the case.

Reviewing the whole discussion, it seems to be desirable that this method of treatment of pneumonia should be more generally studied, for it appears probable that in selected cases it may in time wholly replace the former routine of poultices. It has been found that fever and pain are both controlled by the ice-bag, while pain only is relieved by the poultice. It has also been found very generally that the sense of *bien-être* of the patient is improved, and that there is a relative freedom from risk if employed with due precautions. Whether subsequent study will tend to strengthen the position claimed for this treatment by Dr. LEES is another matter, upon which it might be rash to hazard a conjecture at present. Meanwhile, the fact remains that several careful observers, in their hospital work and occasionally in private practice, have tentatively been using a method which gives great relief, and is attended by no serious risks. The treatment will be sure to encounter opposition, the public having been so long accustomed to the employment of the poultice, so that the ice-bag may seem a sudden and violent measure in an unexpected direction. The conviction that the illness arises from a chill will also tend to render this treatment an apparent anomaly. Still, as a rule, most people bow before experience, and the safety we have above indicated should strengthen the hands of those in the profession who are not too much bound down by routine to welcome a new therapeutic measure.

THE prominence which was given, in the House of Commons, towards the end of last session, and by THE LANCET Special Sanitary Commission on the subject, to the destitute condition of the chain-makers in and about Cradley makes a report which Dr. GRESSWELL has recently prepared for the Local Government Board on the sanitary state of Cradley, and on enteric fever there, of especial interest. The place lies in the Stourbridge rural sanitary district, and it is at the onset described as one of those localities in the coal and iron districts of Worcestershire and Staffordshire which have long been known "for grave sanitary shortcomings and for prevalence of filth diseases." The inhabitants of Cradley numbered 5284 at the Census of 1881, and, in addition to those who are engaged in mining, both females as well as males are occupied in chain-making in small forge shops near to the cottages. Referring to drainage, we read of socketed pipes which are uncemented at the joints, of mere sewage tracks cut out by sewage on the surface, of sickening stenches from in-door drain-traps, and of pollution of the river by means of the highway drains, which were never intended to receive sewage. Where there are no drain channels, holes or cesspools, and even disused wells, are turned into receptacles for liquid filth. The large, open, deep, and dilapidated midden privy is general, and we read of this peculiarly offensive form of filth depository, together with privy vaults, piggeries, and swamps of liquid refuse, fouling the air breathed and soaking into wells, one of which had in its vicinity "open middens, piggeries, drains, sewage swamps, dumb-wells, and the like." Fortunately some extension of the water service belonging to the South Staffordshire Waterworks Company is in progress. But in addition to the use of rain-water, a hundred or more dwellings were, up to December of last year, supplied with water from the town well. As to this well, there was a

remarkable incidence of enteric fever on those who resorted to it, and in December, 1888, Dr. SWETE announced that it was largely polluted with organic matter. It was then closed, but it deserves notice that this very water-supply was emphatically pointed out to the sanitary authority by Dr. BALLARD in 1873 as a source of grave danger; that in 1877 and 1878 it was held by Dr. THOMPSON, the then medical officer of health, and by other medical practitioners, to have been the cause of an epidemic of enteric fever; that in 1880 Dr. PARSONS, visiting the district for the Local Government Board, spoke in no hesitating terms as to the danger attaching to its use; that the Vicar from his pulpit had declared that those who used it "were drinking dead men's bones"; and that, notwithstanding all this, it remained in use until, out of thirty-seven households invaded with enteric fever up to the end of 1888, thirty-three may be regarded as having got their infection from this water. But the general circumstances of the district were, apart from the original source of the fever, just such as to cause its diffusion. Water-supplies, says Dr. GRESSWELL, were in common use, although subject to risk of specific pollution; children were at play in the sewage gutters and about the heaps of filth on premises; and "poultry, at one moment investigating the filth out of doors, were at another mingling with the family in the cottage."

One piece of work appears to be done under some system, although not with the efficiency needed; we refer to the scavenging. But even as to this the Local Government Board were compelled in 1886 to issue a compulsory order requiring it to be performed under the provisions of Section 42 of the Public Health Act. Altogether, the story of this district and of its fever-diffusing circumstances is one of the sorriest we have for a long time come across. The medical men practising in the neighbourhood say that enteric fever is rarely absent; and between December, 1887, and June, 1889, 52 dwellings in Cradley proper were invaded; 113 out of a total of their 316 inmates, or 35·7 per cent., being attacked; and 16 of the latter, or 14·1 per cent., dying. There may be great difficulties in dealing at once with all the conditions inimical to health in this district, but it is impossible to accept any valid excuse for the long-standing neglect which this report has brought to light; and it is to be hoped that the inhabitants will, in view of their latest experience of fever in their midst, do their utmost to secure the election of a body of men on the rural sanitary board who will really carry out some of the urgent sanitary work which is so imperatively called for.

DR. F. W. BARRY'S examination (the fourth day) by the Royal Commission on Vaccination was concluded on Saturday last. He was, however, recalled on Wednesday, and gave further evidence. Staff Surgeon Theodore J. Preston, of the Medical Department of the Admiralty, was afterwards examined as to the success of vaccination in the Navy.

MR. E. WAYMOUTH REID, B.A., M.B. Cantab., M.R.C.S., Assistant Lecturer in Physiology, St. Mary's Hospital, London, has been appointed Professor of Physiology in the University College, Dundee.

Annotations.

"Ne quid nimis."

THE ROYAL COLLEGE OF SURGEONS.

THE report from the Council, comprising a record of their transactions during the Collegiate year, from July, 1888, to July, 1889, to be presented to the Fellows and Members of the College at the meeting to be held on Thursday next, Nov. 7th, at 3 P.M., has now been issued. Our readers will recollect that Mr. Jonathan Hutchinson has succeeded Mr. Savory as President, and he will preside at the meeting on the 7th, when the report is presented. Much of importance has passed at the College since the Fellows and Members met last year and asked for further consideration for the recommendations which they made as to an increased share in the management of the College, and renewed consideration of their claims with regard to the regulation of expenditure, right of meeting, and other matters. The resolutions passed at that meeting were not carried into effect by the Council, and a supplementary charter has been obtained with new bye-laws; and it was acting under these bye-laws that the election of members of the Council was carried out in July, proxy voting being permitted for the first time. Full information of the manner in which this was carried out is given in the report. We need not now enter into detail with regard to the expenditure of the Council, some of which, notably the amount spent in rebuilding the conservator's house, formed subject for comment at the annual meeting last year; but attention may be drawn to the report of the committee on the extension of the Examination Hall buildings, and the expense incurred in a dispute about "ancient lights," which led to an alteration of the original plans and a payment by the two Colleges of over £730. The rejections at the second examination induced the Council to pass a resolution to the effect "that the candidate be required to present himself for examination in anatomy and physiology together, until he has reached the required standard to pass in one or the other of those subjects; but no candidate will be allowed to pass in one of the subjects without obtaining at the same time at least half the number of marks required to pass in the other subjects." It was not considered advisable to make the performance of operations on the dead subject compulsory in the final examination for the Membership. A revised schedule of drugs (which we have already published in full) for the examination in Materia Medica and Pharmacy was agreed to, and at the same meeting of the Council it was agreed to give the title of Diplomate in Public Health to the possessor of the diploma of the Colleges. The Council did not think it advisable to hand over its penal powers to the General Medical Council; it did not consider any extension of the powers of the General Medical Council necessary, neither did it consider it expedient to obtain power to temporarily remove a Fellow or Member, such being already provided for in the bye-laws; it proposed, however, to increase the powers already possessed, and to make the definition of misconduct extend to "cases of infamous conduct in any professional aspect." Two members of the College have been removed from the Register under Clause 2, Section 16, of the bye-laws. Mr. Sibley reported the completion of the conference on the medical scales in use on passenger ships, and Mr. Macnamara was appointed to represent the College on Lord Camperdown's committee of inquiry into the pay, status, and conditions of service of the medical officers of the Army and Navy. There is one important subject on which we do not propose to offer any comments, as it has been brought under the

consideration of the Court of Chancery, and that is the question as to the right of Fellows and Members to meet on the premises of the College, and whether this can be done without the consent of the Council; it will be recollected that this question was raised by the attempt to hold a meeting in the College on Feb. 28th of the present year.

THE OXFORD CITY CORONER AND THE RADCLIFFE INFIRMARY.

AT the Radcliffe Infirmary, on Oct. 19th, an inquest was held touching the death of a domestic servant named Hannah Mary Honour, aged eighteen years. From the evidence, it appears that previously to her fatal illness she was not known to have suffered from any serious indisposition. Two days prior to being admitted to the Infirmary she complained of headache and sickness. The symptoms developed until her condition caused alarm, and a local practitioner was called in. This gentleman, recognising the gravity of the case, which he diagnosed as one of brain disease, very properly advised her immediate removal to the Infirmary. On admission to that institution, Dr. Rice, the resident physician, made such examination as enabled him to come to the conclusion that the patient was suffering from blockage of some of the cerebral arteries; indeed, some of the symptoms were indicative of a coarse one-sided lesion of the brain. In addition to Dr. Rice, the house surgeon saw the patient, and concurred in his opinion. Dr. Rice obtained permission from the parents of the deceased to make a necropsy. The post-mortem signs corroborated his diagnosis, and he gave a certificate of the cause of death. Mr. Hussey, the city coroner, decided to hold an inquest, and during the investigation animadverted strongly (1) upon the fact that the patient was not seen by one of the honorary medical staff; (2) that a post-mortem examination had been made without his knowledge and permission; and (3) that he had not been informed by the governing authorities of the infirmary that the deceased had died under such circumstances as to necessitate a public inquiry. We have many times had occasion to advocate the holding of inquests in all cases where the cause of death was doubtful, and shall continue to do so; but in this case, if we are correctly advised, we cannot see that it was either necessary or expedient for an inquest to be held, and consequently, in our opinion, neither the medical officers nor the governing body of the institution were under any obligation to lay any information before the coroner. The case was diagnosed during life as one of natural disease of a determinate character. The post-mortem examination verified the conclusion arrived at by observation of the symptoms. Acting upon our information, we unhesitatingly endorse the action of the Infirmary governing authorities and that of its medical officers.

THE ITALIAN MEDICAL CONGRESS.

FOLLOWING up an excellent initiative, the promoters of this annual assembly of the physicians of Italy have decided on three subjects for special discussion at next year's Congress. These are (1) the Ætiogenesis and Treatment of the Various Forms of Pleurisy; (2) Hæmodyscrasia in all its Varieties; and (3) Multiple Polyneuritis. As on the recent occasion, each of these subjects will be committed to two physicians, one of whom will make a special study of it on its pathological side, and the other on its clinical or therapeutic side; they will embody their conclusions in a joint report which they will read before the Congress; and, having thus started the general discussion, they will both reply on the whole case. This announcement of the main features of its programme a year in advance has, among other advantages, that of enabling members of the Congress to come prepared for intelligent appreciation and discussion of the specified subjects—to the great economy of time by the minimising of discursive or irrelevant matter. Another commendable arrangement, on the part of the promoters of the Congress, is the issuing from day to day of an official report of the proceedings—a report framed from shorthand notes, and revised by the authors of the memoirs and their critics. It was found that the lay press were apt to be either too curt or too diffuse in its summaries of the sittings — curt where the author or his critic was not a *persona grata* to it, and diffuse where it had reasons, often unprofessional, for showing partiality. The official report, which will now be handed after each sitting to the lay journals, will obviate this abuse. Yet another arrangement, on which the promoters have had just cause for congratulation—the facilities they have obtained from Government for enabling the medical students from every Italian seat of learning to be present at the Congress. The numerous contingent of young and eagerly attentive listeners contributed from Turin and Palmero, from Padua and Naples, was a pleasing trait of the last meeting at Rome, and seemed to react beneficially on the interlocutors themselves, in recalling them from the transcendental and the "*à prioristic*" to the inductive and the practical in their expositions. It is, indeed, the avowed object of the Congress for "Medicina interna"—or "innerf Medizin," as its Teutonic prototype calls it—to form a distinctively "Italian school," in the sense in which there is a British, a German, a Russian, and a French school; and it seeks to hasten this result by familiarising the student-mind, at as early a stage as is practicable, with the value placed on original research and independent opinion in medicine. The aim is an honourable as well as arduous one, and deserves the countenance and sympathy of all who are impressed with what Italy was in the past, and with what she may again become in the future.

TYPHUS IN IRELAND.

THE Registrar-General's recently issued Annual Report for Ireland shows that the death-rate from typhus in that country, although it continues to decline, still shows a remarkable excess compared with that which prevails in other parts of the United Kingdom. It appears that, during last year, 362 fatal cases of typhus were registered in Ireland, against 405 in 1887. The deaths from this disease were more than twice as numerous as they were in England and Wales during the last two years; and if due allowance be made for the difference in population, the mortality from typhus appears to have been during the two years under notice more than ten times as great in Ireland as in England and Wales, notwithstanding the far more dense aggregation of the urban population in England. With regard to the mortality from typhus in Ireland in recent years it may be pointed out that in 1881 the death-rate was 167 per million (against 21 in England), but has since pretty steadily declined year by year, the rate in 1888 being reported as 76 per million. While typhus mortality in Ireland has thus steadily declined, being in 1888 considerably less than half what it was in 1881, the death-rate from enteric or typhoid has remained almost constant. The death-rate from enteric fever in England has steadily declined in recent years, but it still exceeds the rate that prevails in Ireland. With reference to the distribution of fatal typhus in Ireland, it appears that of the 362 deaths referred thereto in 1888, 143 occurred in Munster, 83 in Leinster, 70 in Ulster, and 66 in Connaught; the proportion per million of the population being 107 in Munster, 80 in Connaught, 65 in Leinster, and 40 in Ulster. Thus it would appear that in Ireland the mortality from typhus is almost in inverse ratio to the

density of population. Of the 143 fatal cases of typhus registered in Munster in 1888, the following counties showed the greatest numbers—Cork, 63; Waterford, 28; Limerick, 18; and Kerry, 18. This continued prevalence of typhus among the population of Munster, most of which is essentially rural in character, affords a most unsatisfactory commentary upon its sanitary condition.

THE SANITARY REGULATION OF HOUSES.

THE London County Council decided last week to make application to Parliament for powers to be vested in vestries and district boards in the metropolis, to enable them to undertake the periodical examination of drains beneath houses, and for the execution of such works by them as upon such inspection or otherwise may in their judgment seem necessary. We have received from Mr. Mark Judge a long letter, protesting against this resolution, and urging that the local sanitary authorities are unfit to be entrusted with these powers. He expresses the opinion that their own procedure should be limited to registering the certificates of other persons than their own officers, and that these officers should not themselves undertake the work which is proposed. On this point we are completely at issue with Mr. Judge. The surveyors of vestries and district boards may not all be experts in this particular branch of house construction, but London householders would be much safer in their hands than in those of the numerous so-called sanitary engineers who would be suddenly called into existence if there were a general demand for the reconstruction of all house drains whenever these may be faulty. We presume that some agreement would be come to as to the conditions with which every house would have to comply, and the regulations as to house-drains which it is expected the London County Council will make will afford a convenient basis. We do not believe for one moment that it will be possible to insist upon the drains of every house in London being raised in respect of wholesomeness to the position of drains of houses built often after the making of bye-laws as to house drainage. The change and improvement must necessarily be gradual, but the vestries and district boards may be expected to do something towards attaining this end, and still greater expectations may be had of the district councils which will be called into existence when these bodies are constituted. For our own part we would far rather trust to officers appointed by these authorities than to irresponsible persons of whose knowledge and efficiency there would be absolutely no guarantee.

CREMATION IN SOUTH GERMANY.

THIS substitute for the traditional mode of interment is gaining ground in Germany, and now the Communal Council of Munich are considering whether the time is not ripe for its recognition in practice. Eleven years ago the board of health of that city commissioned Dr. von Kerschensteiner to report on cremation, and the conclusions to which he came were the following: In general cremation is not only to be permitted but even to be recommended, especially after great battles; in certain cases (subject to official authorisation) of epidemic disease, for the prevention of the transport of corpses, and in the case of soil conditions contra-indicating the inhumation of the dead. Munich, indeed, from the standpoint of public health is, Dr. von Kerschensteiner holds, under no special need of introducing cremation, but, at the same time, there is no ground for not permitting it, after official cognisance of the circumstances attending each individual case of death, and under certain determinate precautions. Of these latter, the first, according to Dr. von Kerschensteiner, must require the handing in, on the part of the responsible practitioner, of a complete medical history of the case—this report to be revised by the public medical officer in charge of the police regulation of dead bodies, and thereafter to be deposited with the judicial authorities. The second precaution must be the undertaking of a complete *sectio cadaveris* by a well-instructed pathological anatomist officially appointed for the task (the "Städtische Prosector"), and the deposition of his post-mortem report with the judicial authorities. Thirdly, there must be continuous numeration of the incinerated residue of each corpse, the checking such residue by a mark, and the deposition of this with its corresponding number for judicial purposes. These precautions and conditions are stringent, and the Communal Council of Munich contemplates no more than the optional sanction of cremation. Experience alone can determine their efficiency, whether they may not in some aspects be relaxed, or whether they may not be made yet more stringent. By that experience, say German sanitarians, the State will be guided in converting optional into compulsory vaccination.

FEVER AND WELL-CLEANSING AT SILEBY.

THE Barrow Board of Guardians, in their capacity of rural sanitary authority, have had under consideration a prevalence of enteric fever at Sileby. The case is evidently one of many showing how often grossly defective sanitary conditions are allowed to remain until after the occurrence of infectious disease, which it is a principal object of sanitary government to prevent. In the outbreak under consideration foul water, dirty yards, and a defective drain passing under cottages have all been detected now that fever has prevailed, and a number of measures are being taken to secure the abatement of the conditions referred to. The story is a very commonplace one, and we note it not because it presents any peculiarities, but because of one measure of prevention, so called, that is stated to be in contemplation. We learn that when the well for the domestic supply of the affected cottages has been found contaminated, orders have been given by the owner to have it "thoroughly cleansed." A more meaningless piece of work can hardly be conceived. There is another well close by which a committee report as "very bad," and it is suggested that possibly its contents find their way into the well used for domestic purposes by the cottages. And the remedy in contemplation is to clean the inside of a well which receives its polluting matter from outside—namely, from the soil and the ground water around it. Surely the time has come for erasing the cleansing of wells under such circumstances from the vocabulary of "sanitary" work.

A DISPUTED HOSPITAL LEGACY.

MR. JUSTICE MATHEW has been called upon to decide a somewhat nice question as to the proper construction to be put upon certain words contained in a will. The testator had left one-tenth part of his residuary estate to "the Eye and Ear Infirmary situate in Liverpool," but the question was which of the two, the Liverpool Eye and Ear Infirmary or the St. Paul's Eye and Ear Hospital, was the one meant. The former is a combination of two institutions founded nearly half a century ago; the latter is of more recent creation, being established in St. Paul's-square, Liverpool, within the last twenty years. The judge of the Westminster County Court decided in favour of the older institution, which at first sight would appear to resemble in its title the institution named in the will. But this decision was appealed against, and in the Queen's Bench on the 25th ult., Baron Huddleston and Mr. Justice Mathew held that there was ambiguity in the

bequest, and that the county court judge should have admitted evidence to show what it was the testator meant. It was also arranged that Mr. Justice Mathew should look at the statements in certain affidavits, and say which institution he thought was entitled to the bequest. He gave his decision on the 25th ult. in favour of the St. Paul's Hospital. The testator had concerned himself about its management; he knew the medical officer, and he had repeatedly subscribed to it. Mr. Justice Mathew thought, therefore, that the St. Paul's Hospital was abundantly identified as the institution which was to be benefited by the bequest. The decision of the county court judge was accordingly reversed.

PROPOSED ABOLITION OF ONE OF THE BRUSSELS HOSPITALS.

A MOVEMENT is on foot to abolish one of the two great Brussels hospitals—viz., the Hôpital Saint-Jean,—and so to throw the whole burden of providing for the sick poor on the Hôpital Saint-Pierre. The object is of course to save expense, it being alleged that since the establishment of suburban hospitals the expenses have been the same as they were before for these two great hospitals, though there has not been the same number of patients, many having been drawn off by the newer and smaller institutions. According to the published figures, which, however, are said not to be quite accurate, the Saint-Pierre contains 681 beds and the Saint-Jean 644, making altogether a total of 1325, in which are included twenty-seven beds for paying patients. The population which this has to serve is 182,000. The proposal to abolish the Saint-Jean is severely criticised in *La Clinique*. The writer calculates that if all the special departments of the Saint-Jean are to be transferred to the Saint-Pierre, there will only remain 190 beds left for the general medical and surgical cases—a number obviously far too low, as on one day last year the number of medical and surgical cases actually in the two hospitals was 593, so that under similar circumstances the hospital accommodation of the future would be 403 beds short. The only way of obviating this would be to enlarge the Saint-Pierre to such an extent that the new building would be equivalent to a new hospital of considerable size. Another objection to the proposed plan is that in case of an epidemic it would be impossible to transfer all the ordinary cases to one of the hospitals and make use of the other as a means of isolation. Even from the university point of view it is a good thing to have two institutions, as their courses and clinics are presided over by different teachers, between whom there must necessarily be a certain amount of honourable rivalry which is for the advantage of the students and for that of science generally.

EXTRA-GENITAL SYPHILIS IN MOSCOW.

PROFESSOR POSPELOFF of Moscow has recently published in pamphlet form an account of the extra-genital syphilis which he has met with amongst the working-class population in Moscow. He has seen a great many more of these cases amongst women than amongst men, the actual figures being fifty-two male and 146 female cases, notwithstanding the fact that there are many more male than female patients in the hospital with which he is connected. The greater prevalence of this class of affection amongst women than amongst men is accounted for by the domesticated habits of the women, and more particularly by their receiving the infection during suckling. The most common seat of these non-venereal sores is the mouth. This kind of infection is mainly due to the dirty habits of the people, who habitually eat together out of the same vessel, and even with the same wooden spoon, which, if any of the persons using it are syphilitic, soon becomes a fruitful source of infection. Again, it is found that in small factories and sewing shops the workwomen very frequently suffer from extra-genital syphilis, showing that cleanliness and sanitary supervision are very defective. Prof. Pospêloff has collected a large number of references to the works of other authors in English, French, German, and Russian, which will be found in the appendix to the paper.

THE VICTORIA CROSS.

WE are glad to be able to congratulate the Army Medical Staff upon another of its members having gained the coveted distinction of the Victoria Cross, and to felicitate the recipient, Surgeon Ferdinand Simeon Le Quesne, upon whom, according to the *London Gazette*, "the Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross for conspicuous bravery and devotion to duty displayed during the attack on the village of Tartan, Upper Burma, by a column of the Chin Field Force, on May 4th, 1889, in having remained for the space of about ten minutes in a very exposed position (within five yards of the loop-holed stockade from which the enemy were firing) dressing, with perfect coolness and self-possession, the wounds from which Second Lieutenant Michel, Norfolk Regiment, shortly afterwards died. Surgeon Le Quesne was himself severely wounded later on, whilst attending to the wounds of another officer." Ferdinand Simeon Le Quesne, who will be only twenty-five years of age in December next, entered the medical department of King's College in October, 1881, and, having filled the usual clinical appointments, qualified as L.S.A. in 1885, M.R.C.S. Eng. and L.R.C.P. Lond. in January, 1886. He at once successfully competed for admission into the Army Medical Service, and after the usual curriculum at Netley, obtained his commission in July, 1886.

THE NOTIFICATION ACT AND LOCAL AUTHORITIES.

THE smoothness with which this important Act will work will greatly depend on the pains taken by the local authority, and especially by the medical officers of health, to facilitate the duty of notification by the medical practitioner in attendance. We have received copies of four enclosures sent to each practitioner in the Chelsea district by Dr. Edward Seaton, medical officer of health. First, a book of certification forms, very neatly arranged with a counterfoil to each page for recording particulars of each case notified; secondly, a map of the district; thirdly, an outline of the Notification Act; fourthly, a handbill relating thereto. Dr. Seaton further very kindly expresses his willingness to supply any further information that may be desired. We cordially commend such courteous action on the part of Dr. Seaton to the imitation of other medical officers of health. The duties imposed by the Act to busy practitioners will be irksome, but this irksomeness may be much reduced by such measures as have been taken so promptly in Chelsea.

THE GUINEA-WORM IN EUROPE.

THE Guinea-worm, or filaria medinensis, is not usually seen in northern Europe, but of course European travellers or natives of some Asiatic or African countries may bring it. A Brussels practitioner, Dr. Robinet, has recently had two patients suffering from this parasite amongst the members of a troupe of negroes from Accra, on the Guinea coast, who have been performing in Brussels this year. In both cases the worm was in the leg, and was removed in due time, after the cautious opening of the pustule which it produced, by the process of winding it very gently round a match.

DEFECTIVE PRACTICAL TEACHING IN GERMANY.

A DISCUSSION has been raised of late concerning the want of practical medical knowledge on the part of German medical students, and a paper bearing on this question appeared in the *Aerztl. Central Anzeiger* of Sept. 30th last. The author avers that the Germans are far behind their neighbours in the practical instruction given in the medical schools. This defect he traces partly to the individual peculiarities of the nation, and yet more to the history of medicine within the last thirty or forty years in Germany. As long as medicine was an abstract science the methods of instruction differed little essentially from those required for other learned professions. But natural science now began to claim attention from the votaries of medicine; the dissecting room, the laboratories, and hospitals became the foci of interest; philosophical reasoning and speculation were abandoned for practical observation and experiment, and in Germany the two things did not advance *pari passu*. It followed, therefore, that a completely different mode of instruction was necessary. Formerly physiological, pathological, and pharmaceutical institutes did not exist, but in the present day there is no medical school in Germany without them. It is clear that the doctors of the future must not only be grounded in the principles and science of medicine, but they must have a practical knowledge of it. The instruction given in German schools is deficient in this latter element. Modern medicine is primarily a technical art. Diagnosis requires a multitude of technical manipulations which cannot be learned by mere book knowledge or by a process of reasoning. Three forms of instruction are necessary for the acquirement of this dexterity—first, the preparatory theoretical studies combined with corresponding lectures; secondly, demonstrative instruction, such as is demanded for clinics; and thirdly, practical experience under a fully qualified teacher. This last form of instruction is defective in Germany; many of the students who leave the medical school have never had a leech or a cupping glass in their hands. The medical profession stands alone in its requirements. Members of other professions can always have recourse to books in cases of necessity; but the medical man needs something more than book knowledge, and if he has not attained manual dexterity before his entrance on his profession, he feels very much at a loss. The author of the paper referred to proposes that the professors should devote a little less time to consultations, so that it would be possible for them to train the students in eight or nine sessions to act as junior medical officers in the hospitals. He also recommends at least one year's further study at a university, in order that the student may apply himself to hygiene, mental disease, medical jurisprudence, and the history of medicine.

INVOLUNTARY AUTO-INOCULATION OF GLANDERS.

A PAINFUL CASE was reported by the Vienna correspondent of the *Daily News* on the 28th ult., of the death of a young physician, Dr. Hoffmann, from glanders, under the following circumstances. In August a man suffering from glanders was admitted into the General Hospital, and Dr. Rowalski studied the case bacteriologically, isolating the bacillus, cultures of which he gave to Dr. Hoffmann, who was sceptical as to the transmission of the disease by inoculation of the cultures. The latter's experiments made with the cultures, however, convinced him of their continued virulence. In the beginning of October he took cold, and had severe pain in the side, for which he had recourse to morphia injection, using the same syringe he had employed in his experiments. The syringe had been heated to redness, and was thought to have been thus thoroughly disinfected; but that it must have retained some of the virus in an active state seemed to be proved by the melancholy sequel of the unfortunate physician becoming infected with glanders, from which he died. The account forwarded to the *Daily News* is circumstantial, although somewhat sensational. Assuming the facts to be as related, the moral of the case is obvious, showing the disastrous consequence of a thoughtless use of the same instrument as that employed for experimental inoculations and hypodermic medication. It demonstrates also the virulence of the glanders poison, and suggests the difficulties that may beset experimenters in ridding their instruments of all traces of the virus with which they deal.

LENIENCY OF THE BELGIAN MATRICULATION

FOR some time past an agitation has been taking place in Belgian medical circles, with the object of getting the portals of the profession narrowed, as the amount of overcrowding is felt as seriously in Belgium as it is here. It is considered by many of those who have expressed themselves on the subject that not only should the professional examinations be increased in severity, but that the matriculation or entrance examinations in the medical faculties of the four universities should also be rendered more stringent. Some legislation in this direction has been expected for several years past, the consequence of which is that there has been rather a rush of students eager to matriculate before the new regulations are made, so that they may get the benefit of the old—i.e., the present—lenient system. As an illustration of this leniency, it was stated recently at the meeting of the Medical Federation that at one of the *athénées*, or classical public schools, fifteen of the boys who failed to pass the examination necessary for promotion from the *quatrième* (which is about equivalent to an English third form) to the *troisième* (equivalent to the fourth form) had matriculated at the university.

THE PUBLIC HEALTH DURING THE PAST SUMMER.

THE Registrar-General has just issued his quarterly return dealing with the vital statistics of the third or summer quarter of this year. The annual death-rate in England and Wales during the three months ending with September last was equal to 16·7 per 1000 of the estimated population. Although 1·7 above the unprecedentedly low rate in the corresponding quarter of 1888, this rate was 0·8 below the average rate in the third or summer quarters of the ten years 1879–88. The death-rate in the summer quarter of the year is mainly governed by the mortality from infantile diarrhœa, which is essentially an urban disease. We find, consequently, that in the aggregate of the urban population of the whole country the death-rate was 17·8, whereas in the remaining and chiefly rural population it did not exceed 14·7. In equal numbers living, therefore, the deaths among the urban population last quarter were 121, to 100 in the rural population. The excess of urban mortality was, however, below the average for the season. In the twenty-eight great towns, with an estimated population not far short of 10,000,000, the death-rate was 18·6. In London the rate did not exceed 16·5, while the mean rate in the twenty-seven provincial towns was 20·4. The rates in these provincial towns ranged from 14·2 and 14·4 in Derby and Brighton, to 26·6 in Plymouth, 27·6 in Newcastle-upon-Tyne, and 33·0 in Preston. In fifty other town districts, with an aggregate population of nearly 3,000,000, the mean rate was 17·9, and only slightly above the general urban rate. Speaking generally, the mortality

from the principal zymotic diseases was below the average. This was markedly the case with small-pox (which caused but two deaths in the whole of England and Wales during the quarter), scarlet fever, and fever; the death-rate from diarrhœa was also slightly below the average. The mortality from diphtheria and measles showed an excess, while the rate from whooping-cough corresponded with the average. The death-rate from diarrhœa (1·67 per 1000) was nearly double that which prevailed in the exceptionally cold and wet summer of 1888, although slightly below the mean rate in the corresponding periods of the ten years 1879–88. The diarrhœa rate was but 1·16 in England and Wales, exclusive of the seventy-eight largest town districts, while it was 2·46 in the twenty-eight great towns. In these twenty-eight great towns the diarrhœa rate last quarter ranged from 0·49 and 1·00 in Halifax and Huddersfield, to 4·63 in Sunderland, 4·94 in Leicester, and 7·36 in Preston. This startling contrast is as completely without satisfactory explanation as it was ten or fifteen years ago, when infantile diarrhœa mortality first began to attract serious attention. The Registrar-General's health bulletin for the past summer is, on the whole, satisfactory, and it is especially encouraging to find that the mean English death-rate for the first nine months of this year is slightly lower than the rate in the corresponding period of 1888, which was far below the rate recorded in any previous year of which satisfactory records exist.

THE SPREAD OF SCARLET FEVER.

A PARAGRAPH in a daily paper last week gives an account of an inquest held in Mile-end, which illustrates very forcibly the manner in which scarlet fever spreads. A child died of scarlet fever in St. Ann's-road. No medical man was called in. Another child in the same family suffered from the same disease, as well as three other children in another family resident in the same house. In the next house another child also was attacked with scarlet fever. The grandmother of the dead child made matchboxes, and the mother of the three sick children was a tailoress, and each carried on her work in the rooms where the children were. The preceding Tuesday a child in a house in Canal-road died of scarlatina, and the mother, a cigar maker, had been engaged in her occupation during the child's illness, while another child was attending the school at the time. All this is the record of one district, and if the facts were known, we do not doubt that similar illustrations might be found in other parts of the metropolis. We may hope that the new Act, which came into force on Oct. 31st, will do something towards limiting the risk of injury from such occurrences, but it is obvious that the education of the poor is an essential element in any measures that may be taken for improvement in this direction. The story told in "Alton Locke" is not exceptional at the present time.

HAIRDRESSING AND CONTAGION.

WHETHER it be founded on fact or not, an accusation brought by certain members of the medical faculty in Paris against the guild of hairdressers conveys a caution which ought not to be undervalued. The ease with which ringworm and other contagious disorders may be communicated by means of soap, razors, and other kindred appliances, is generally understood. That such contagion has not uncommonly been conveyed in this way is also indisputable. It does not follow, of course, that the operators belonging to the Parisian corporation have been special offenders in this respect, and we do not doubt that in France, as in England, the precautions observed by most respectable hairdressers are sufficient for the protection of the public. Still, the fact that there exists a form of disease truly described as regards its mode of transference by the name of "barber's itch" proves that due care and cleanliness are sometimes wanting. Yet the accidents occasioned by such neglect are easily preventable. An excellent rule with some barbers is to attend any contagious cases at their own homes, a distinct set of instruments being used for these visits. This implies of necessity some acquaintance with the characters of parasitic disease. The substitution for soap of saponaceous cream, a separate portion of which can be applied in different cases, affords another safeguard. After all, however, it must be remembered, even in the cheap shop with overflowing custom, that the fundamental guarantee of safety consists in cleansing each instrument used after each time of use. Whatever the verdict of public opinion on the practice of the coiffeurs in Paris, there cannot be two opinions as to the essential value of the precautions indicated by our professional brethren in that city.

ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

WE are informed that the subjoined resolutions will be proposed on behalf of the Association at the meeting of Fellows and Members on Nov. 7th, 1889:—1. That this meeting of Fellows and Members of the Royal College of Surgeons of England having considered the report of the Council, dated Oct. 17th, 1889, is of opinion that immediate steps should be taken to forward the introduction early in the next Parliamentary session of a Bill to amend the constitution of the College, so as to secure to the Members a just representation in and upon the governing body of the College; and that a committee be hereby appointed to co-operate with the central committee of the Members' Association in taking the necessary steps to give effect to this resolution. 2. That the following gentlemen [to be named] be appointed members of the committee, with power to add to their number.

REGINA v. MOON.

AT the Central Criminal Court on the 30th ult., after three days' trial, Dr. Moon, a medical practitioner of Greenwich, who was indicted for having caused the death of a woman named Tebbutt by procuring abortion, was acquitted by the jury of all the charges preferred against him. Mr. Justice Fitzjames Stephen, who tried the case, concurred in the verdict. Counsel for the defence did not call any witnesses, Mr. Lockwood, Q.C., stating that he was quite satisfied to accept the medical evidence supplied by the prosecution. The learned judge, in his summing up, endorsed this step, and said the medical witnesses for the prosecution had given their evidence with great fairness. We shall discuss the case at length in our next issue.

EXPERIMENTAL ARTICULAR TUBERCULOSIS.

DR. PAVLOVSKI, in a paper recently published in the *Vrach*, gives an account of some researches he had made in Professor Pasteur's laboratory on the development and spread of articular tuberculosis, his special object being to find out whether the tubercle bacilli develop in the white corpuscles or in the connective tissue or in both. In order to carry out his research he prepared cultures of tubercle bacilli in peptone glycerine and injected the virus into the knee-joints of guinea-pigs, these joints being examined after the lapse of from half a day to eight weeks. After twelve hours the bacilli could be detected both in the connective-tissue corpuscles and in the white blood corpuscles. It was found that the white corpuscles play an important *rôle* in the production of tubercle, undergoing a series of progressive changes until they assume an epithelioidal character, experi-

mental tubercle consisting of epithelioidal cells due both to white blood corpuscles and to connective-tissue corpuscles. Dr. Pavlovski was also able to demonstrate the propagation of the bacilli along the course of the lymphatics, the nearer glands becoming first infected and subsequently those at a greater distance.

ANOTHER BOGUS DIPLOMA MILL IN THE UNITED STATES.

THE *Chicago Times* reports that a great sensation has been produced in Portsmouth, New Hampshire, by the discovery of another actively maintained bogus College of Medicine, similar in management to and larger in extent than the one fully exposed a few years ago. It is stated that any person having the necessary money could have a diploma in medicine and surgery from various institutions named which exist only on paper. The discovery of the fraud has been made by Dr. D. S. Adams, Chairman of the State Board of Censors. The whole subject is now under investigation by the authorities of the State. It is of great moment for the United States that all such cases should be thoroughly exposed, and that Congress itself should take some steps to maintain the standard of medical education and to punish fraudulent dealers in degrees and diplomas. We shall be glad to ascertain the result of the investigation.

PYOSALPINX AND LAPAROTOMY.

IN some clinical remarks recently published by Dr. Richelot in *La Semaine Médicale* (and commented on by M. Verchère in *La France Médicale*, No. 124), the indications and contraindications for laparotomy in pyosalpingitis are pointed out. These, he says, largely depend on the duration of the disease. A simple acute or subacute salpingitis may get well spontaneously or by simple means; whilst it is as much an abuse to remove an ovary simply because it is inflamed as it would be to castrate for orchitis. In his cases an interval of two years from the onset of symptoms is, *cetæris paribus*, allowed to elapse before removing organs which by that time would have become useless. Severity and constancy of pain, especially in labouring women, would perhaps justify interference. Of course, wherever the presence of pus can be found, surgical interference is called for, to obviate pelvic peritonitis and worse evils. The advice of some surgeons to wait for the spontaneous opening of the abscess is deprecated, and so is the proposition (in imitation of the usual course followed by nature in spontaneous cures) to operate through the vagina rather than directly through the peritoneum.

TRISMUS FOLLOWING VACCINATION.

IT is reported that at Bromley recently an infant who had been vaccinated in September, at the same time and with the same lymph as six other children, had died of trismus, which had supervened upon inflammation of the arm. With the scanty details at present forthcoming it is impossible to pronounce upon the case as to the possible connexion between the vaccination and the trismus, an association which has, we believe, never been hitherto recorded. In such a case the need of a post-mortem examination is obvious, in order to exclude meningitis, which might have produced the symptoms in question.

THE MUZZLING ORDER.

AT the usual weekly meeting of the London County Council on Tuesday last, the Parks and Open Spaces Committee reported that they had received a letter calling attention to the number of unmuzzled dogs which were at large on Hampstead Heath and Parliament Hill, and suggesting that the keepers in the service of the Council should be instructed to enforce the muzzling order with respect to dogs in those two places. A recommendation of the Committee was adopted that the writer of the letter be informed that it was the duty of the Metropolitan Police to see that no unmuzzled dogs were at large on Hampstead Heath, that being a "public place" under the Act of 1871; whilst as regarded Parliament Hill, the Council had not yet obtained possession of the land.

THE CHAIR OF ANATOMY AT ABERDEEN.

THE Queen has been pleased, on the recommendation of the Secretary for Scotland, to appoint Mr. Robert W. Reid, M.D., C.M., F.R.C.S., to be Professor of Anatomy in the University of Aberdeen, in the room of Professor Struthers, resigned.

FOREIGN UNIVERSITY INTELLIGENCE.

Berlin.—The charge of the physical department of the Physiological Institute, of which Professor du Bois Reymond is director, has been entrusted to Professor Arthur König.

Caen.—Dr. Barette has been appointed to the chair of Clinical Surgery.

Copenhagen.—The number of students commencing their studies is forty-four.

Grenoble.—Dr. Gallois has been appointed to the chair of Midwifery and Gynæcology.

Warsaw.—Dr. Laptschinski has been promoted to be ordinary Professor of Pathology and Therapeutics.

DEATHS OF FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. Georg Hofmann von Wellenhof, assistant to the professor of hygiene in Vienna, from glanders. Dr. Lafitte, formerly physician in the French lunatic asylum service.

DR. W. S. CHURCH, Christ Church, has been appointed to represent the University of Oxford on the General Medical Council, in the room of Dr. King Chambers, deceased.

THE Harveian Lectures, on the "Surgery of the Kidney," will be delivered by Mr. Knowsley Thornton, F.R.C.S.Eng., on Nov. 21st and 28th and Dec. 5th.

AT the next meeting of the Medical Society, on Nov. 4th, Sir Joseph Lister will give an address on a New Antiseptic Dressing.

Pharmacology and Therapeutics.

CODEIA IN GYNÆCOLOGICAL PRACTICE.

DR. FREUND of Strasburg, who was induced by the favourable opinion of Professor Schröder on the suitability of codeia for the treatment of pain in diseases of the female genital organs to give it a trial, has published the results of his experience in the *Therapeutische Monatsheft*. He remarks that Dr. Lauder Brunton's testimony to the value of codeia in pain affecting the lower portion of the abdomen must be accepted in gynæcological practice with considerable limitations. He found that pain originating in the uterus, and depending upon either acute or chronic affections of that organ or upon dysmenorrhœa, was only affected in a very transitory way by codeia, and never to nearly the same extent as by opium or morphia. Extensive effusions, too, into the pelvic peritoneum or into the cellular

tissue were but little improved by codeia, and the same might be said of diseases of the tubes. On the other hand, however, he found that it exerted a true, unmistakable and immediate effect upon pains of all sorts having their origin in the ovaries, whether there was displacement, prolapse, ovaritis, peri-ovaritis, or the so-called "ovarian neuralgia." In all these cases codeia, even in small doses, appeared capable of exercising a marked control over the pain, and in many cases of arresting it altogether. Of course suitable local and dietetic treatment was applied simultaneously. As to the doses given, the usual plan was to order a pill containing half a grain of codeia made up with gentian and liquorice, to be taken three times a day. Occasionally larger doses had to be given. In no case, however, was any unpleasant effect observed, and there were no signs of any cumulative action, some of the patients taking these pills for a month.

RESORCIN IN WHOOPING-COUGH.

Dr. Justus Andeer, who had previously written in recommendation of the employment of resorcin in whooping-cough, has recently published some fresh cases illustrating, as he believes, the advantages of this method of treatment. One of the patients was his own child, a little girl of seven years of age, who during an epidemic of measles and whooping-cough was attacked by the catarrhal form of the latter affection and suffered severely for a week, notwithstanding a change of climate. He then prescribed an ounce of a 2 per cent. solution of resorcin four times a day, part of which solution the child was to gargle, and part of which she was to take. This very soon began to show signs of affecting the course of the disease, for on the second day the fits of coughing very perceptibly diminished, and in eight or ten days the child was quite free from cough. Five other children, who had been unsuccessfully treated for some time, immediately began to improve under the resorcin treatment. In the case of a baby of six months old a sweetened solution of the strength of ½ per cent. was given by means of a feeding-bottle and answered admirably.

PEREIRIN AND QUININE IN MALARIAL FEVER.

Dr. Tibiriçá, physician to the Hospital Santa Veridiana in S. Paulo, Brazil, publishes in the *Revista Medica de S. Paulo* a paper on the "Advantages of employing Pereirin as an Adjuvant and as a partial Substitute for Quinine in Malarial Fevers." In cases where the heart is affected large doses of quinine are dangerous, and the combination of digitalis with quinine has, in Dr. Tibiriçá's hands, proved very unsatisfactory. Pereirin, however, according to his experience, appears to augment the proper action of quinine without exerting any serious depressing effect on the heart. Instead, therefore, of prescribing quinine alone in 15 gr. doses, he orders 7½ gr. of quinine combined with an equal quantity of pereirin, a combination which appears to exert the same effect over the malarial fever as 15 gr. of quinine, but to be much less depressing to the heart.

OXIDE OF ZINC IN THE SUMMER DIARRHŒA OF CHILDREN.

Dr. Koblasenko, writing in a Russian medical journal, states that he has found great advantage from the use of zinc oxide in the summer diarrhœa of children. In the locality where he is in practice there was recently a very virulent epidemic. The mortality amongst young childreu treated by ordinary methods was as high as 50 per cent., whilst that amongst those treated by means of zinc oxide was only 8 per cent. He gave the zinc in a mixture with ether and tincture of rhatany.

IRISH FISHERIES NEGLECTED.

By J. LAWRENCE-HAMILTON, M.R.C.S.

No. VI.

THE neglect of Parliament to cultivate and develop the great natural fishing resources of Ireland is not only an unjustifiable, ignorant, wealth-wasting blunder, but is also a financial and political error demanding practical legislative interference. The United States Government devotes upwards of £70,000 a year to the improvement and increase of the fishing industries of America. The apathy and indifference of Parliament in matters concerning a healthy, abundant, cheap fish supply, and the interests of the fishermen of the United Kingdom, tend to make fish bad and extravagantly dear. It omits to have ready in case of foreign war and invasion the services of fishermen as a trained, disciplined reserve to our navy. The French still continue bounties to their fishermen to keep up the supply of seamen for the French navy.

Ireland has a sea-coast of 2337 miles, and inland waters covering 574,887 acres, which supply chiefly a few salmon and eels. Nevertheless Ireland, for home consumption, actually largely *imports cured* fish. Where Irish railways exist, their stations are generally distant from the harbours; the result is, much fish is spoiled, and the cost of distribution of that which is saved is much enhanced. Besides refrigerator stores on shore, Ireland requires dry-air refrigerator steamers for its export fish trade, and refrigerator barges and insulated covered barges for its inland navigable waters.

Sole-breeding in Irish inland waters.—The inland fisheries of Ireland, at a trifling primary outlay, should be made sources of national wealth and industry. Many of the Irish inland waters would answer admirably for breeding the sole, the female fish often supplying from 100,000 to 200,000 eggs at a time. The sole is justly considered the most digestible and palatable fish, and its flavour seems always acceptable. Unlike salmon, mackerel, whiting, eel, trout, cod, and other fish, including the herring, the palate even of the fastidious invalid does not get tired of the sole, which has also the merit of being cooked quickly and easily. I believe that, unless the sole is extensively artificially cultivated, within a comparatively short period it will become, as a food fish, extinct. For reasons hitherto undiscovered, its already limited geographical area of natural production is gradually decreasing. In the battle of life and struggle for existence the sole will slowly but surely die out unless largely reared and farmed by man. Sea-fish can thrive and breed in fresh water by gradual acclimatisation, if by degrees the proportions of saline matter be reduced to those of fresh water. Artificially cultivated in Irish inland fresh waters, soles, bled prior to the clotting of their blood, gutted, well washed in fresh flowing water, and then immediately hard frozen in dry cold air, could be profitably exported in colossal quantities to England, Europe, America, and elsewhere. The fashion of selecting the extra high-priced small or "club" sole, because just sufficient for one person's meal, is a mistake. Such small soles are not so palatable as larger, thicker, heavier, cheaper soles. The number of eggs derivable from a one-pound sole is much more than double that to be obtained from a half-pound sole. Probably the sturgeon would thrive in inland Irish waters. The American shad and alewife, both large herrings, which leave the sea to spawn in fresh water, should be experimentally introduced into Ireland.

Fish farming in Irish peat waters. — The pike, perch, bleak, tench, and bastard carp thrive marvellously well in number and size in peat waters. This is a further source of wealth, industry, and food for Ireland, whose almost universal peat moss litter makes an excellent packing material for dry-air frozen fish. In the agricultural model peat farms of Northern Germany, instead of straw, peat moss litter is used with financial advantage, profit, and economy. Experience shows that it agrees better than straw with horses and cattle, whose manure it absorbs without giving off any unpleasant smell of the stable.

Historical injustice to the Irish fisheries.—To prevent the Irish competing injuriously with the English fisheries, Parliament under Cromwell sent many Irish fishermen to Connaught, on the west coast of Ireland, or the coast farthest from England, and even expatriated other Irish fishermen to the West Indian Islands. No Irish were then allowed to leave their own harbours to fish, whilst the English were engaged fishing in Irish seas and waters.

Conclusion.—The development of the coast and inland fisheries of Ireland should be considered by Parliament as a national, economic, and industrial question outside the range and scope of all party feeling and sentiment.

RABIES.—The number of dogs in England officially reported during the week ending Oct. 19th as affected with rabies was five, against eight in the previous week. Of these four were killed, and one died. The distribution was as follows: London, two; Middlesex, two; and York (West Riding), one.

THE PARIS UNIVERSAL EXHIBITION OF 1889.

WE are now about to conclude the campaign we have undertaken in favour of the Paris Universal Exhibition. From the very first we felt that, in spite of the unfavourable view taken in some quarters, this exhibition would be one of the grandest manifestations in favour of peace and progress the world has ever seen.

Unfortunately, or perhaps we should say fortunately, the task was of so gigantic a nature that it could only in part be accomplished. We feel keenly that there have been many omissions, yet, considering the limits of time and space, it was scarcely practical to do more. Altogether we have published nearly a hundred columns sent by our special correspondent at the Paris Exhibition. Much as this may seem, it is but little when compared with the immensity of the Exhibition, and the variety and importance of the interests there represented. But when to the Exhibition we add the sixty-nine official international congresses, of which twenty-seven were of direct interest to the medical profession or the sanitary reformer, and the number of other congresses, which were often equally interesting though not officially patronised, it will be seen that the task of giving some account of the centennial celebrations assumed gigantic proportions. Early in April, more than a month before the Exhibition was open, our commissioner was on the spot, examining the works, and obtaining from the administration and the leading exhibitors some account of what was to be presented. Thus we were able to publish descriptions of some of the more important features of the Exhibition before its doors were opened to the public. This we did with all the more pleasure as it is always in the earlier efforts that assistance is most useful. The Exhibition, it was at once evident, would show what immense progress had been accomplished in France with respect to the practical question of domestic drainage. The exhibits of the town of Paris render these results manifest, and we gave at length, accompanied by illustrations, an account of the new police regulations, by which houses in Paris can now be drained according to the most recent and approved sanitary methods. Though these new laws have as yet only been applied in a very small number of houses, our correspondent was able in a most effective manner to refute the sinister rumours set afloat as to the unhealthy condition of Paris. To assertions made under the impulse of personal vexation he opposed the official statistics so carefully and scientifically collected by Dr. Bertillon, and demonstrated that not only was Paris free from a scarlet fever epidemic, but that the great capital enjoyed during the Exhibition better health than it had done previously.

Concerning the Exhibition itself, we pointed out what sanitary difficulties had to be overcome; that the accommodation would have been ample but for the fact that no one could possibly have foreseen the immense success likely to ensue. Thus it happened that at times the crowds altogether exceeded in number whatever provision had or could have been made for them. Nevertheless, the English drainage applied at the Exhibition has withstood this great strain with wonderful efficiency, and no serious nuisance has arisen. With regard to the building itself, taken in conjunction with the most attractive of features, the Eiffel Tower, we naturally pointed out the bearing on public health that this revolution in building represented. As iron and porcelain take the place of stone and wood, new sanitary problems arise. Iron and enamelled hardware are not absorbent, as wood, brick, and stone; but iron more readily conducts heat and cold, glazed porcelain is less porous, and new difficulties in the matter of warming and ventilating arise. The vexed problem relating to the porosity of walls calls, therefore, more urgently than ever for a satisfactory solution.

Apart from these general questions, the individual exhibits, especially those of the English section, received some notice at our hands, and we also sought to mention French and foreign objects that might interest the profession. If these criticisms were not more lengthy and exhaustive, this is due to the fact that our representative's attention was diverted by the numerous congresses to which we have already alluded. These great gatherings, where sometimes upwards of seven hundred delegates, representing more than thirty nationalities, met together and discussed for a full week the gravest problems of the day, gave promise of so much good work that we were anxious to lend them the fullest support and to be adequately represented. In this, we are assured, we have been eminently successful. Our representative attended nine international congresses, and his very lengthy descriptions of the more important among these have brought us many cordial acknowledgments from the organisers of the congresses. More than this, Mr. Adolphe Smith, who, as an orator, speaks equally well in French as in English, was on many occasions selected, not merely as the spokesman of the English delegates, but of a great number of other nationalities; and in their name as in our name was able to proclaim, in eloquent terms, that the researches of science tended to unite the peoples of the world. He urged many practical suggestions relating to public health, and proposed and carried important resolutions. But throughout he strove to show that in England there were ardent sympathisers with the humanitarian and civilising work which has been done at these congresses and at this great Exhibition. If, by the speeches of our representative, if, by the publicity given to the proceedings in THE LANCET, we have helped to cement the bonds of international friendship, to dissipate national prejudices, and to shed the light of science still farther and farther into the darkness of ignorance, it will not be in vain that we shall have participated in the Universal Exhibition of 1889.

In view of the large number of visitors of different nationalities who attended the Exhibition and the various congresses in connexion with it, we append a translation in French of the above article.

L'EXPOSITION UNIVERSELLE DE PARIS DE 1889.

NOUS devons conclure la campagne que nous avons entreprise en faveur de l'Exposition Universelle de Paris. Du premier abord, nous avions senti, malgré l'opinion défavorable qui prévalait dans certains cercles, que cette Exposition serait une des plus grandes manifestations que le monde ait jamais vues, en faveur de la paix et du progrès.

Malheureusement, ou peut-être devons-nous le dire fort heureusement, la tâche était si grande qu'une partie seulement de la besogne pouvait être accomplie. Nous sentons vivement qu'il y a eu de notre part plusieurs et de graves omissions; mais si l'on considère les limites du temps et de l'espace à notre disposition ce n'était guère pratique de chercher à faire plus. Nous avons publié presque cent colonnes de correspondance qui nous ont été adressées par le correspondant spécial que nous avons envoyé à l'Exposition de Paris. Cela paraît assez con-

sidérable, mais c'est très peu en comparaison de l'importance des intérêts représentés. En outre, si à l'Exposition nous ajoutons les soixante-neuf congrès internationaux officiels, dont vingt-sept intéressent soit la profession médicale ou les hygiénistes, et un nombre d'autres congrès qui souvent étaient également intéressants quoiqu'ils ne fussent pas officiellement honorés par le gouvernement, on verra que la tâche imposée, celle de donner une description des célébrations centenaires, a pris des proportions gigantesques.

De bonne heure, en avril et plus d'un mois avant l'ouverture de l'Exposition, notre correspondant et rédacteur spécial était sur le chantier, examinant les travaux et obtenant de l'administration et de quelques-uns des principaux exposants des renseignements sur ce que l'on allait faire. Ainsi nous avons réussi à publier des descriptions des objets et des choses caractéristiques et importantes de l'Exposition, avant que les portes ne fussent ouvertes au public. Nous avons fait cela avec d'autant plus de plaisir que c'est toujours le premier pas qui coûte et que le concours donné dans les débuts est le plus utile. L'Exposition, on pouvait le constater dès le premier jour, devait démontrer l'immense progrès accompli en France à propos de la question toute pratique du drainage domestique. Les objets exposés par la ville de Paris rendaient ces résultats manifestes, et nous avons donné avec des détails et des gravures à l'appui, une description des nouveaux procédés adoptés par la Préfecture de Police, d'après lesquels il est maintenant possible de drainer les maisons de Paris selon les méthodes les plus modernes et les plus approuvées de l'hygiène. Quoique ces nouveaux arrêtés n'aient été, jusqu'à ce jour, appliqués qu'à un très petit nombre de maisons, notre correspondant a pu néanmoins, et cela d'une manière très effective, refuter les rumeurs sinistres que l'on avait propagées au sujet de la condition insalubre de Paris. Aux assertions irréfléchies faites sous l'impulsion d'une vexation, il opposa les statistiques officielles groupées avec tant de soins et de science par M. le Dr. Bertillon et il démontra que non-seulement il n'y avait pas d'epidémie de scarlatine à Paris, mais que la grande ville jouissait pendant l'Exposition d'un état de santé meilleur que durant les mois correspondants des années précédentes.

Quant à l'Exposition elle-même, nous avons décrit les difficultés sanitaires qu'il fallait surmonter; et avons dit que les services sanitaires (cabinets, &c.) auraient suffi, si l'immensité du succès n'avait pas dépassé tout ce que l'on pouvait prévoir. Ainsi il s'est trouvé parfois que la foule a atteint des proportions comme nombre bien au-delà de ce que l'on pouvait imaginer et pour lequel il est possible de fournir les services nécessaires. Néanmoins, le *drainage* anglais appliqué à l'Exposition a résisté à cette épouvantable épreuve avec une facilité réellement surprenante et aucun désagrément sérieux ne s'est produit. Pour ce qui concerne la construction elle-même, y compris son monument le plus remarquable, la tour Eiffel, nous avons tout naturellement démontré l'influence sur la santé publique que cette révolution dans l'art de la construction doit produire. Puisque la porcelaine et le fer prennent la place de la pierre et du bois, de nouveaux problèmes d'hygiène se présentent. Le fer et les poteries émaillés ne sont pas aussi absorbants que le bois, la brique et la pierre. Mais le fer conduit plus rapidement la chaleur et le froid. La porcelaine émaillée est moins poreuse; ceci suscite de nouvelles difficultés à propos du chauffage et de la ventilation. Il est donc encore plus urgent que jamais de trouver une solution satisfaisante du problème de la porosité des murs.

Ces questions générales à part les expositions individuelles, spécialement celle de la section anglaise ont reçu quelques notices dans nos colonnes et nous avons aussi cherché à signaler les objets français et étrangers qui pouvaient intéresser notre profession. Si ces critiques ne furent pas plus longues et plus approfondies, cela provient du fait que les nombreux congrès dont nous venons de parler ont absorbé une grande partie du temps de notre correspondant.

Ces grandes conférences où, quelques fois, il y avait plus de sept cents délégués représentant environ trente nationalités, se réunissaient pour toute une semaine et l'on y discutait les plus graves problèmes du jour. Cela promettait de si bons résultats que nous fûmes désireux de concourir à l'œuvre et d'y être bien représentés. En ceci, on nous l'assure, nous avons amplement réussi. Notre correspondant prit part à neuf de ces congrès internationaux et les longs comptes-rendus qu'il nous a envoyés nous ont valu les sincères remerciements des organisateurs de ces congrès. Mieux que cela, M. Adolphe Smith, qui comme orateur parle le français avec la même facilité que l'anglais, a été choisi plusieurs fois comme le porte-voix, non-seulement des délégués anglais, mais de ceux d'un grand nombre d'autres nationalités. Pour eux comme pour nous, il a proclamé en termes éloquents que les recherches de la science devaient unir les peuples. Il fit plusieurs propositions pratiques ayant rapport à la santé publique, proposa et fit adopter des vœux importants. Mais, en toutes ces circonstances, il chercha à demontrer qu'en Angleterre il existait des sympathies ardentes envers l'œuvre humanitaire et civilisatrice accomplie à ces congrès et à cette grande l'Exposition. Si, par les discours de notre représentant, si, par la publicité donnée à tous ces efforts dans THE LANCET, nous avons aidé à cimenter les liens de l'amitié internationale, à dissiper les préjugés nationaux, et à propager les lumières de la science parmi les ténèbres de l'ignorance, nous n'aurons pas participé en vain à l'Exposition Universelle de 1889.

THE BREWERS' EXHIBITION.

THERE can be little doubt of the growing value of trades exhibitions. They not only mark the progress which has been made, but indicate also further possible improvement; and by those not familiar with the technicalities of a trade which is being exhibited useful information may generally be gained. At the Brewers' Exhibition, held at the Agricultural Hall last week, besides the usual plant, machinery, appliances, &c., incidental to the preparation of beer, wines, and spirits, much was shown illustrating the enormous advances that have been made of late years in that rapidly increasing industry—mineral water manufacture. Then there were also the hundred and one minor, accessories of both industries, such as improved corks, stoppers, bottles, syphons, barrels, beer-raising apparatus, syrups, essences, chemicals, filters, &c., as well as many articles having a more remote bearing.

One of the most important and interesting exhibits, and one we think likely to influence the future of the trade, was the patented carbonating apparatus of Messrs. Farrow and Jackson. The process must be regarded as a distinct novelty, inasmuch as the inventors use natural carbonic acid gas, which is obtained from the mineral springs near the extinct Eifel volcano, close by the Rhine. The apparatus was noticed in our last issue, but a few additional remarks by way of description may not be out of place. The gas is pumped into wrought iron "tubes," about four feet high and six inches in diameter, at a pressure which does not exceed 1170lb. to the square inch, and at a temperature of 86° F., which allows a wide margin for climatic changes. The "tubes" are first officially tested to 3750lb., and of course the gas contained in them is in the liquid state. This gas may be delivered into a convenient reservoir at any reduced pressure by means of regulating valves. For ordinary aerated water making it is only necessary to connect the "tube" with a copper cylinder, lined inside with block tin, and about three-quarters part full of water. The cylinder placed on a rocking stand is rocked backwards and forwards for a minute or so, the water thus becoming thoroughly impregnated with the gas. The cylinder is then connected with a "counter fountain," and the contents can be drawn off as desired, any flavouring essence or syrup that may be required being put into the glass or bottle. The whole apparatus will easily go under an ordinary counter. There was also shown a smaller apparatus, by which the ordinary "gasogene" may be charged in the same way. The inventors have also applied this method to the raising of beer. Thus, by allowing the pressure of gas to be exerted upon beer in a cask, the liquor is readily forced up to a tap on the counter. In this manner, not only are the inconveniences attending the beer-engine done away with, but the beer cannot become stale and flat. Objection, however, may be raised by some to the possible opposite extreme—excess of gas. Amongst other novel exhibits may be mentioned a new vent-peg by Kiln. The peg is hollow, and a stout rubber tube connects it with the tap. If there is sufficient pressure in the barrel of course the beer easily flows and the tap need only be turned a quarter

round. But when vent is required the tap is turned half way, which, by an ingenious contrivance, admits as much air as is just necessary to allow the liquor to run out, and by turning off the tap the vent is effectually shut off again. This ensures beer in good condition, even, it is stated, when the barrel is nearly empty.

Messrs. J. Lumley and Co. exhibit some very fine quality corks as well as syphons for aerated water, the fittings of which are made of pure tin, an important point because of the well-known action of carbonic acid upon many common and injurious metals. Many improvements in screw stoppers are also shown. Whittingham and Ramsey exhibit a stopper, having a lock stud made of pure lignum vitæ, which, when placed beneath the flange in the bottle neck, by a half turn makes the bottle air-tight. Then there is Shepherd's patent screw valve. The thread is on the outside of the bottle, so that the rubber presses against the top of the bottle, diminishing the possibility of exposure of the liquid to any substance but glass. The Telescope Tap Company exhibit their ingenious barrel tap. Crawford and Co. show a carbon enamel as an effectual means for cleansing musty casks, &c. A very neat and simple bottle wrapper is shown by J. Deaton, quick packing and non-liability of the contents to fracture are claimed for it. The well-known firm of Stevenson and Howell exhibit their soluble essences of ginger, lemon, &c., as do also Duckworth and Co., manufacturing chemists, of Manchester. Amongst the filters exhibited for which special claims are made may be mentioned Maignen's Filtre Rapide and the Hamburg Rapid Filter of Jensen and Co., Hamburg. Metallic capsules, manufactured by the London Metallic Capsule Company, form quite a pretty exhibit. Non-intoxicant ales, chief of which is one called "Anti-Burton," a fermented drink containing less than ½ per cent. proof spirit, are exhibited by Cox and Co. And, lastly, there are the drinks, neither of which is the result of brewing or artificial aeration—viz., "Distil Coffee Extract," prepared by Beare, Gosnall, and Fry, Bouillon Fleet, Bovril, and the Beef Bouillon of Brand of Mayfair.

CALENDAR OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FROM the Calendar of this institution, which has just been published by the Council, it appears there are 1138 Fellows of the College (of whom 737 obtained the Fellowship by examination, 11 were elected as Members of twenty years' standing, and 2 are *ad eundem* Fellows), 17,170 Members, 866 Licentiates in Midwifery, and 676 Licentiates in Dental Surgery. The holders of the Diploma in Public Health (granted in conjunction with the Royal College of Physicians) number 29. During the past collegiate year 679 candidates presented themselves in Elementary Anatomy and Physiology, 478 of whom passed in both subjects, 79 in Elementary Anatomy, and 56 in Elementary Physiology, 66 candidates were referred in both subjects; 56 candidates presented themselves in Elementary Anatomy, 43 of whom passed; 98 candidates presented themselves in Elementary Physiology, of whom 73 passed. The examiners are appointed in conjunction with the Royal College of Physicians. The fees received from candidates for this examination amounted to £3937 10*s*, the examiners receiving in fees £559 5*s*. Of 879 candidates who presented themselves in Chemistry, 552 passed and 327 were referred. Of 804 candidates who presented themselves in Materia Medica, 493 passed and 301 failed. The examiners in Chemistry and Materia Medica are elected by the Royal College of Physicians.

The examiners in Anatomy and Physiology for the Second Examination are appointed in conjunction with the Royal College of Physicians; they have conducted the Primary Examination under the Old Regulations, as well as the Second Examination of the Examining Board. Nine hundred and seventy-three candidates presented themselves for examination in Anatomy; 582 passed and 391 were referred; and 1069 candidates presented themselves in Physiology, of whom 579 passed and 490 were referred. The fees received for these examinations from candidates amounted to £5014 16*s*., the examiners receiving in fees £1972 5*s*.

The Board of Examiners in Anatomy and Physiology for the diploma of Fellow, elected by the Council from the Fellows of the College, held during the past year two examinations, and 179 candidates presented themselves, of whom 73 passed and 106 were rejected. The fees received amounted to £1176, and the fees to the Board to £805 10*s*.

The Court of Examiners, elected by the Council from the Fellows of the College, conduct the Third or Final Examination in "Surgery" of the Examining Board, as well as the Pass or Final Examination under the Old Regulations and the Pass or Final Examination for the Fellowship. During the year the Court has held two examinations for the Fellowship, and four for the Membership; at the former there were 83 candidates, 48 of whom passed and 35 were referred. For the Membership 864 presented themselves, of whom 476 passed and 388 were referred. The fees paid by candidates amounted to £10,133 18*s*., and the fees paid to the Court of Examiners and the Examiners in Midwifery amounted to £5513 17*s*. The Examiners in Medicine under the Scheme for an Examining Board in England are elected by the Royal College of Physicians; of 466 candidates who presented themselves for this examination during the year, 334 passed and 132 were referred. The Examiners in Midwifery under the Scheme are elected in conjunction with the Royal College of Physicians, and have examined 541 candidates, of whom 365 passed and 176 were referred.

The Board of Examiners in Dental Surgery has held two meetings for the examination of 48 candidates, 31 of whom received the diploma. The fees paid by them amounted to £325 10*s*., the Board receiving £151 4*s*.

With regard to the finances of the College, it appears that the income from all sources amounted to £121,337 14*s*. 5*d*., derived principally from sale of stock—viz., £87,462 1*s*. 3*d*.—the next largest receipt being, as already shown, from fees paid by candidates for the diplomas of the College—viz., £20,587 14*s*.; rents from chambers adjoining the College, £1360 15*s*.; investments, £5696 13*s*. 9*d*.; trust funds, £273 7*s*. 7*d*.; incidental receipts, public health examination, hire of rooms, fees from Council, &c., £558 6*s*. 11*d*.; fees retained for candidates, £933 5*s*.

The expenditure for the year amounted to £121,166 13*s*. 6*d*., leaving a balance at the bankers' of £171 0*s*. 11*d*., the largest item being £83,892 1*s*. 6*d*., for purchase of stock, the next largest amount being for fees paid to examiners—viz., £8902 1*s*.; extension of College premises, £6861 15*s*. 4*d*.; Savoy estate (half outlay), extension of Examination Hall, £4200; salaries, wages, and pensions for officers and servants in the three departments, museum, library, and office, amount to £5219 3*s*. 6*d*.; fees to Council, £302 8*s*.; rates, taxes, and insurance absorb the sum of £1126 10*s*. 6*d*.; extraordinary expenditure—i.e., Hunterian Festival, conversazione, furniture, &c.—£1326 0*s*. 8*d*.; fees returned to candidates, £1051 5*s*.; half general working expenses of Examination Hall, £4260 11*s*. 7*d*. Under miscellaneous items, alterations and repairs, fuel, light, trust funds, lectures, &c., about £4000 appears to have been expended.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5801 births and 3204 deaths were registered during the week ending Oct. 26th. The annual rate of mortality in these towns, which had been 17·5 and 18·7 per 1000 in the preceding two weeks, declined again last week to 17·5. During the first four weeks of the current quarter the death-rate in these towns averaged 17·3 per 1000, and was 2·3 below the mean rate in the corresponding periods of the ten years 1879-88. The lowest rates in these towns last week were 9·7 in Birkenhead, 10·5 in Norwich, 11·7 in Derby, and 11·8 in Portsmouth. The rates in the other towns ranged upwards to 24·0 in Manchester, 27·6 in Newcastle-upon-Tyne, 28·0 in Plymouth, and 29·0 in Preston. The deaths referred to the principal zymotic diseases, which had been 352 and 414 in the preceding two weeks, declined again last week to 356; they included 83 from scarlet fever, 60 from diarrhœa, 58 from "fever" (principally enteric), 54 from whooping-cough, 53 from diphtheria, 48 from measles, and not one from small-pox. These zymotic diseases caused the lowest death-rates in Leicester and Wolverhampton, and the highest rates in Sunderland, Preston, and

Plymouth. The greatest mortality from scarlet fever occurred in Liverpool and Plymouth; from diarrhœa in Norwich and Preston; from whooping-cough in Preston; from measles in Preston, Newcastle-upon-Tyne, and Sunderland; and from "fever" in Nottingham and Halifax. The deaths from diphtheria included 37 in London, 3 in Salford, and 2 in Cardiff. Small-pox caused no death in any of the twenty-eight great towns; and no small-pox patient was under treatment at the end of the week either in the Metropolitan Asylum Hospitals or in the Highgate Small-pox Hospital. The number of scarlet-fever patients in the Metropolitan Asylum and the London Fever Hospitals at the end of the week was 1450, against numbers increasing in the preceding seventeen weeks from 559 to 1394; 182 cases were admitted to these hospitals during the week, against 177 and 188 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding five weeks from 142 to 300, declined again last week to 281, and were 125 below the corrected average. The causes of 75, or 2·3 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Hull, Nottingham, Portsmouth, and in four other smaller towns; the largest proportions of uncertified deaths were registered in Halifax, Leicester, Blackburn, and Bolton.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 18·3 and 20·5 per 1000 in the preceding two weeks, declined again to 19·3 in the week ending Oct. 26th; this rate exceeded by 1·8 the rate that prevailed during the same week in the twenty-eight large English towns. The rates in the Scotch towns ranged from 14·1 and 15·4 in Paisley and Edinburgh to 22·2 in Perth and 23·2 in Glasgow. The 494 deaths in the eight towns showed a decline of 30 from the number in the previous week, and included 13 which were referred to diphtheria, 12 to diarrhœa, 10 to whooping-cough, 9 to measles, 6 to "fever" (typhus, enteric, or ill-defined), 6 to scarlet fever, and not one to small-pox; in all, 56 deaths resulted from these principal zymotic diseases, against numbers declining in the four previous weeks from 74 to 61. These 56 deaths were equal to an annual rate of 2·2 per 1000, which exceeded by 0·3 the mean rate last week from the same diseases in the twenty-eight English towns. The deaths referred to diphtheria, which had been 13 and 6 in the previous two weeks, rose again last week to 13, of which 6 occurred in Glasgow, 3 in Edinburgh, and 2 in Leith. The 12 deaths attributed to diarrhœa showed a further decline from recent weekly numbers, and included 5 in Glasgow, 3 in Dundee, and 2 in Greenock. The 10 fatal cases of whooping-cough were also fewer than in any recent week; 5 were returned in Edinburgh and 4 in Glasgow. The deaths from measles, which had been 7 and 9 in the previous two weeks, were again 9 last week, and included 3 in Aberdeen, 3 in Leith, and 2 in Edinburgh. The 6 deaths referred to "fever," of which 4 occurred in Glasgow and 2 in Aberdeen, showed a decline of 5 from the number in the previous week. Two of the 6 deaths from scarlet fever were returned in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 87 and 118 in the preceding two weeks, further rose last week to 122, and were 1 above the number in the corresponding week of last year. The causes of 67, or nearly 14 per cent., of the deaths registered in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 23·2 and 26·5 per 1000 in the preceding two weeks, declined to 21·0 in the week ending Oct. 26th. During the first four weeks of the current quarter the death-rate in the city averaged 24·2 per 1000, the mean rate during the same period being 16·3 in London and 17·1 in Edinburgh. The 142 deaths in Dublin showed a decline of 37 from the number in the previous week; they included 9 which were referred to diarrhœa, 6 to "fever," 1 to measles, 1 to diphtheria, 1 to whooping-cough, and not one either to small-pox, or scarlet fever. Thus the deaths from these principal zymotic diseases, which had been 23 and 19 in the two previous weeks, further declined last week to 18; they were equal to an annual rate of 2·7 per 1000, the rate from the same diseases being 1·7 in London and 2·3 in Edinburgh. The 9 deaths attributed to diarrhœa exceeded the number in the previous week by 3; while the deaths referred to "fever," which had been 7 and 10 in the preceding two weeks declined again last week to 6. The deaths of infants showed an increase of 6 upon the number in the previous week, while those of elderly persons showed a decline of 17. Five inquest cases and 4 deaths from violence were registered; and 41, or considerably more than a quarter, of the deaths occurred in public institutions. The causes of 16, or more than 11 per cent., of the deaths in the city were not certified.

Correspondence.

"Audi alteram partem."

ON THE APPLICATION OF ICE TO THE CHEST IN HÆMOPTYSIS.

To the Editors of THE LANCET.

SIRS,—In the discussion which followed the reading of Sir Andrew Clark's paper on the "Hæmoptysis of Elderly Persons" before the Medical Society, Dr. Quain strongly condemned the practice of applying ice to the chest wall, saying that it did no good, but rather harm, by inducing bronchitis. This statement, coming from so high an authority, seems to me worthy of consideration. As a rule, when called to a case of blood spitting we find ice in bags or bladders lying upon the patient's chest. The practice is a routine one, and appears to commend itself to both the profession and the public. For my own part, I look with increasing distrust on the *prolonged* application of ice as a means of arresting pulmonary hæmorrhage. Many years ago I was with a gentleman who had recurring hæmoptysis very severely, and down his back was hanging a bag full of ice. After some time for observation, I remarked to his wife that I believed the ice-bag was doing no good, but possibly harm, and I removed it. After its removal we got on better, the bleeding ceased, and the man is alive and well now. It appears to me that the *sudden shock* of the ice at first contracts the vessels and may do good, but its continuous application does not maintain this contraction, but is very likely to cause congestion and bronchitis. The late Dr. Gooch, in his works on Midwifery, relates how he was called to a lady nearly dead from hæmorrhage, and whose abdomen was covered over with ice. He says: "I swept all the ice away, and from a height I poured a douche of cold water suddenly on the abdomen, with the effect of immediately arresting the bleeding." Again, as was suggested by the President of the Medical Society, if I caught his words correctly, ice over the heart may slow that organ, and so help to arrest a flow of blood. Dr. Walshe[1] says he has seen the *cautious* application of ice to the spine and over the heart repeatedly almost instantaneously arrest the flow of blood. My own practice has been to try the sudden application of ice, but, as a matter of experience, I have learned to distrust the prolonged and continuous contact of ice with the chest or back as a means of stopping a blood spitting. Dr. Lauder Brunton[2] has found that when ice is applied to the abdomen of an animal the mucous membrane of the trachea and larynx becomes in half a minute deadly pale from contraction of the vessels. Though the ice is allowed to remain on the abdomen, the tracheal mucous membrane quickly changes colour, and to the paleness succeeds, first, slight redness, then deep congestion, and in ten minutes lividity. These observations appear to me to show how prolonged application of ice may, as Dr. Quain said, prove a powerful inducer of bronchitis.

I am, Sirs, yours obediently,

JOHN C. THOROWGOOD, M.D., F.R.C.P.,
Physician to the City of London Hospital
Welbeck-street, W., Oct., 1889. for Diseases of the Chest.

To the Editors of THE LANCET.

SIRS,—I have read with much interest the able and suggestive remarks on arthritic hæmoptysis by Sir Andrew Clark, Bart., which appeared in your last number. With your permission I should like to mention a case of pul-

[1] Diseases of the Lungs, p. 408.
[2] Page 252 of his Pharmacology and Therapeutics.

monary hæmorrhage which has come under my observation, and which seems to be confirmatory of the views put forth by this distinguished physician. Several years ago I was summoned to attend a gentleman, about eighty years old, who, after having had a sail in an open boat during an easterly wind, was suddenly seized with copious hæmoptysis, associated with bronchitic symptoms. There was no evidence of cardiac disease, of thoracic aneurysm, or of tuberculosis. As the breathing was considerably embarrassed saline aperients with diaphoretics were prescribed. At my next visit the following day I was agreeably surprised to find the hæmorrhage had entirely ceased, but that an acute attack of gout had supervened in the right foot. Under the usual alkaline treatment the podagra speedily disappeared, the recovery being complete. Does not this case supply the *experimentum crucis* necessary to establish the correctness of Sir Andrew Clark's view? Was it not clearly one of gouty hæmoptysis due to thrombosis of the terminal blood-vessels of the lung? Your insertion of these few lines will oblige your obedient servant,

Weymouth, Oct. 29th, 1889. JOHN MOORHEAD, M.D.

ST. MUNGO'S COLLEGE, GLASGOW.

To the Editors of THE LANCET.

SIRS,—Principal Blackie says that I am wrong in my facts, which I could easily have ascertained from the secretary of the College or himself, with both of whom I am well acquainted. It is not quite so easy to get at the facts as Dr. Blackie avers. In this matter he knows well enough that I would not trouble him for private information; and on applying two days ago to the secretary (with whom, by the way, I have no acquaintance at all) for information in verification of the Principal's letter, I was put off, as I fully expected, with the usual official formula about consulting the governors. Were I inclined to be critical, I might point out that Dr. Blackie's statement that the Committee reported to the governors does not traverse mine that the latter did not ratify; but I let that pass. Other questions hang round this alleged ratification. Was it legally valid? One of the governors present at the meeting informs me that, to the best of his recollection, there were only four present, including himself. This would involve legal invalidity. But, assuming that this gentleman's memory is at fault, as it probably is, and that the appointments are legally valid, what were the moral weight and significance of this ratification of the meeting of August 6th? Will the Principal inform me that the circular calling the meeting contained any intimation that the board would be asked that day to exercise the most important of its functions and elect the entire staff? That there would be a clear departure from the clause in the memorandum of association regarding the absorption of the Royal Infirmary Medical School? That new chairs unknown in that school were to be founded and filled? That the "Academic Committee" had so far departed from the usages—I might say the decencies—of reporting committees as to nominate one of their own number to fill one of the new chairs? I venture to say, Sirs, if a hint of these things had come to the ears of the governors, instead of this mere handful of members, barely, if indeed actually, forming a legal quorum, and not amounting to one-fifth of the entire body of governors, there would have been a very different meeting. There would have been a meeting whose decisions would have carried moral weight, and whose method of appointments could not have been impugned by virtually the entire voice of the medical profession of Glasgow as these have been, even by several of those gentlemen who have received them.

I am, Sirs, yours faithfully,

Glasgow, Oct. 29th, 1889. J. WALLACE ANDERSON.

THE PRACTICAL ELEMENT IN MEDICAL EDUCATION.

To the Editors of THE LANCET.

SIRS,—I did not immediately reply to Dr. Gairdner's letter in THE LANCET of Oct. 19th, as up to that time Dr. Clifford Allbutt had remained silent, and I am anxious not to waste the valuable space you so generously place at my disposal. Now that I have both letters before me, I need only ask for very few lines, and these, I feel sure, you will give me. Dr. Gairdner's answer is, as I fully expected it would be, a simple plea for thoroughness in clinical work. After careful consideration of the position he takes up, I am satisfied that he and I do not, in reality, differ in principle. He pleads for one thing, and one thing only—viz., *thoroughness* in all the work the student does. *And so do I.* But Dr. Gairdner appears to me to forget, or to ignore, the necessity for this very principle so far *as preparation for student life* is concerned. And, as Dr. Clifford Allbutt admits that he had not really read my address, and was speaking on only vague recollection of what he believed my opinions to be, I can well afford to rest content with his explanation. Of one thing I was quite certain—that he would not wilfully misrepresent me; and though I may regret that, speaking on so important an occasion as the opening of St. George's School, he should have spoken under mistaken impressions, I am quite content to accept his explanation. Our friendship is too old and too sincere to admit of any other course. At the same time, speaking, as I did in my address, not only as a member of the General Medical Council, but of its Educational Committee, he might have felt sure that I should have weighed seriously every word I wrote. He too appeals for thoroughness of work, and so does everyone else who has taken part in the discussion so far; but I maintain that I make the same appeal much more thoroughly than does either Dr. Gairdner or Dr. Clifford Allbutt, for I seek first to build upon a good foundation, well and solidly laid, and to raise upon that an enduring superstructure. To obtain this I cannot believe that it can be safe or scientific first to build your house, however substantially, and then to seek to put in your foundations afterwards. I have also carefully and thoughtfully read each of the other letters that have appeared in your columns upon the subject, and I am grateful to those who have written them. Some seem to me to hit the right nail on the head, but others are already beginning to wander from the point in question. Therefore, with a view to keep the discussion on strictly correct lines, I venture to restate the items of the programme I propound: (1) A sound preliminary education carefully and satisfactorily tested before registration; (2) a short preparatory pupilage of *one*, or, under very favourable circumstances, of even *two* years, with either a certificated practitioner or at a public institution; (3) a curriculum of four years, devoted to scientific and clinical study, to be spent at a medical school and hospital, or, when possible, at a university. I am, Sirs, yours truly,

Leeds, Oct. 28th, 1889. C. G. WHEELHOUSE.

HOSPITAL OUT-PATIENT REFORM AND A PUBLIC MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—Medical practitioners should feel greatly obliged to you for your practical editorial remarks in your issue of Oct. 19th. The points at issue are by no means difficult of solution. The two chief matters to note are these: First, that a genuine reform of the out-patient departments of hospitals and of dispensaries must of sheer necessity take place; and, second, that some scheme must be worked by which the wage-earning classes may be able to provide themselves with efficient medical, surgical, obstetric, and dental treatment, and medicines. We are all agreed on these two items. Next I propose that a wage-earner making up to 20*s.* a week, or a wage-earner and family making up to 25*s.*, should be eligible persons for free medical relief, and should have a right, if they so wish, to demand it, just as they have a right to plead destitution to the Poor-law, and so compel them to gain relief. I think no one can say this limit is too low. Next I propose that a Public Medical Service should be formed, and that wage-earners making up to £2 5*s.* per week should be eligible. Those making above that should be able to provide for themselves. The patients of the Public Medical Service could provide for themselves either by making small *immediate* payments, or by insuring under the provident dispensary plan. May I point out that my scheme *does* provide for the visiting of patients at their homes. As to making separate charges for medicines, I fear we must do so. There is no earthly good in our trying to ruin the chemists; we would only make them our bitterest enemies. Besides, I feel certain that the prescribing can be done as cheaply at the chemist's as by a service which will have to pay for drugs, bottles, &c., and the salary of a dispenser. However, these are matters of detail. But do not let us draw up any scheme which will make us prescribe large quantities of coloured water and

cease from using genuine drugs. If the doctors of a Public Medical Service wish to charge one fee and then to make some arrangement with local chemists to dispense each prescription at, say, 4*d.* each, they can do so; but then the fee would require to be raised. It has been suggested to me by a chemist that he should provide the medicines at the Public Medical Service and send his assistant to dispense two hours each day, and charge a certain sum to the doctor. Such a plan would be a good one, but then it would exclude all the other neighbouring chemists.

As to your remarks about doctors holding hospital appointments, I can only say I fear they will not give much help. It has been said to me that there are not fifty medical practitioners in England whose mouths could not be closed by the mere promise of a hospital appointment. It is a money-making thing to be on a hospital staff. If only we doctors could find out that in the long run honesty is, even as a policy, the best, surely we would cease being so dishonest. I do not take the high level of preaching honesty as a virtue, but only, so low down, as a mere matter of policy. Our predecessors at the College of Physicians, London, drew up, and carried out, this bye-law: "No Fellow or Member of the College shall officiously, *or under colour of a benevolent purpose*, offer medical aid to or prescribe for any patient whom he knows to be under the care of another legally qualified practitioner." Might we not, as honest and honourable men, both in hospital practice and in private life, try to carry out this good old rule? Bickering, backbiting, and other forms of "professional meanness" would thus be reduced to a minimum. In the meantime, let us try to improve our position, and cease to train up about half of the community to depend on the charity of others.

I am, Sirs, yours faithfully,

Liverpool, Oct., 1889. ROBERT REID RENTOUL, M.D.

*** We have thought it advisable to omit a sentence or two from the above letter—an omission, however, which does not at all affect the coherency of the argument intended to be advanced.—ED. L.

THE PRESYSTOLIC MURMUR.

To the Editors of THE LANCET.

SIRS,—I have read with much interest Dr. Howship Dickinson's lecture on the "So-called Presystolic Murmur." Dr. Dickinson appeals to the rising generation to throw over the orthodox presystolic theory. He will, I venture to think, not do so in vain. I for one, a young member of the profession, have never been able, with the most careful and patient study of cases of mitral disease, to detect a presystolic murmur—i.e., a murmur distinct from, and prior in point of time to, the first cardiac sound. If the so-called presystolic murmur is an obstructive murmur, then in a case of double mitral disease one ought to hear three murmurs: (1) presystolic; (2) systolic; (3) diastolic. I have never heard more than two, systolic and diastolic. Dr. John Harley used to teach that there is no such thing as a presystolic murmur—in other words, that a presystolic is a systolic as regards time, and is regurgitant; and I have never been able to disagree with him yet. I have little doubt but that his teaching on the subject is the same to-day as a few years ago, for, to use Dr. Dickinson's words, "old views, like old tissues, get indurated."

I am, Sirs, yours faithfully,

Nottingham, Oct. 26th, 1889. A. J. HELM MONTAGUE, M.D.

HYOSCINE AS A SEDATIVE.

To the Editors of THE LANCET.

SIRS,—Believing that negative results, especially in the case of a comparatively new drug, are as worthy of publication as positive results, I venture to give my experience of hyoscine as a hypnotic and sedative, and to say at once that that experience has been entirely unfavourable. In February, 1888, having read in THE LANCET (Feb. 4th, 1888) the very favourable results obtained by Dr. Thompson, I immediately obtained some of the hydro-bromate of hyoscine from the source there mentioned, and with considerable hope made use of it. Among several other cases I remember distinctly two cases in which I gave the drug. The first was a case of melancholia in a man rather above middle age, with great restlessness and sleeplessness at night. The hyoscine had not the slightest effect in quieting this patient, but rather the reverse, as after it he expressed himself as absolutely afraid to have a second dose, lest, as he said, it should quite drive him out of his mind. The second case was one of paralysis agitans, accompanied by great sleeplessness at night. In this case, too, the hyoscine entirely failed; whereas afterwards the tincture of hyoscyamus, as recommended by Charcot, had a most marked effect in producing sleep for a time. Subsequently I used the hyoscine as a general hypnotic in the wards for some time, but found it so uncertain that although I still have a little of the drug in hand, I have never since prescribed it.

I am, Sirs, yours faithfully,

Southport Infirmary, Oct. 29th, 1889. JOHN J. WEAVER.

"MEAN DURATION OF LIFE."

To the Editors of THE LANCET.

SIRS,—In your annotation last Saturday, under the heading of "Mean Duration of Life in London," you made some remarks on my last annual report for the parish of St. George, Hanover-square, in which you say that I use the term "mean duration of life" in an incorrect sense. After some preliminary observations, the writer of the article says: "It is not difficult to guess that mean duration of life is here used to describe the mean age of the persons dying in these registration sub-districts during last year." I need only say that the *guess* is a bad one, as I meant what I said—"mean duration of life," and not "mean age at death." "Dr. Corfield's fallacy" exists only in the brain of the writer of the article.

I remain, Sirs, yours faithfully,

Savile-row, W., Oct. 29th, 1889. W. H. CORFIELD.

*** Dr. Corfield here states that the term "mean duration of life" used by him does not signify "mean age at death," and leaves it to be inferred that he used the term in its correct signification, implying that he has calculated life tables for Belgravia and Mayfair sub-districts, not only for 1888, but also for 1875, to say nothing of similar London life tables for 1878 and 1888. With regard to the results obtained by Dr. Corfield's method, whatever it may be, we would like to remind him that the "mean duration of life" shown by life tables based upon selected healthy districts, and upon upper class, clergy, and peerage experience, only ranges between forty-nine and fifty-three years. It follows, therefore, that Dr. Corfield's "mean duration" of 73·6 years for the mixed population of Mayfair is phenomenal, to say the least of it, and its excess of 11·3 years upon the "mean duration" of Belgravia is entirely incomprehensible.—ED. L.

THE "EARLY DIASTOLIC MURMUR."

To the Editors of THE LANCET.

SIRS,—May I be allowed to correct a statement made on p. 844 of THE LANCET of Oct. 26th, with reference to the interpretation which I am alleged to have given of the so-called "early diastolic murmur" of mitral stenosis? The murmur which I have interpreted as a murmur of pulmonary regurgitation—"the murmur of high pressure in the pulmonary artery"—I have been careful to distinguish from the early diastolic mitral murmur, the existence of which I fully recognise. The two murmurs may exist together in the same case, but are easily distinguished, as they differ in quality and localisation.

I am, Sirs, your obedient servant,

Manchester, Oct. 30th, 1889. GRAHAM STEELL.

THE NOTIFICATION OF INFECTIOUS DISEASES ACT.

To the Editors of THE LANCET.

SIRS,—Now that notification of infectious disease is about to become general, why should a strong effort not be made to include venereal diseases in the list? This disease, in its protean forms, claims more victims every year, and is more disastrous and far-reaching in its dire effects, than all the other notifiable diseases put together. The public would soon realise their danger, and take the necessary steps to stamp it out.—I am, Sirs, yours faithfully,

West Hartlepool, Oct. 26th, 1889. S. GOURLEY.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Out-patients at the Infirmary.

IN common with other parts of the country attention has been directed here to the increase in the numbers of patients applying for medical treatment in the out-patient department of the infirmary, and a special committee was appointed to consider the whole question of administration in that department. At the monthly meeting of the board held on Monday this committee reported that the increase was by no means so large as was supposed. It had been suggested that a small charge should be made for medicines supplied, and that some restrictions should be placed upon patients coming from adjacent towns; but in the end the committee recommended that no change was at present necessary in the out-patient department beyond some increased vigilance being exercised in the quantity of medicine supplied, which appears to have been hitherto on a lavish scale.

The Infirmary and its Fever Hospital.

A fortnight ago a special meeting of the Infirmary Board was held, to consider an important question in connexion with the Fever Hospital. A communication had been received from the Salford Corporation asking if arrangements could not be made for the reception and treatment of all fever patients from Salford at the Monsall Hospital, and thus save the Salford Corporation from the necessity of building a new hospital to replace the one in Cross-lane, which is at present overcrowded, and must shortly come down to make way for railway requirements. It was pointed out that large sums of money (some £30,000 or more) had been left in trust to the infirmary for the special purposes of providing fever wards for Manchester and the district, and Salford claims to have some right to a part of this provision. The Fever Hospital Committee were divided on the question of the desirability of complying with Salford's request, and left the matter for the Board, which is the supreme governing body of the institution, to decide. After a long discussion it was resolved by seven votes to five to decline to receive the patients from Salford. Judging, however, from the tone of the discussion at the meeting, and from what is generally said upon the subject, the time is not far distant when the infirmary will take steps to relieve itself entirely of the responsibility of maintaining a large hospital for infectious disease, and hand it over to those whose duty it is to provide isolation for infectious cases and to deal with outbreaks of epidemic disease—i.e., the Health Committee of the Corporation. Looking at the question from a purely financial point of view, it is surprising that the corporation has been content to go on so long paying enormous sums of money annually, out of which the infirmary makes considerable profit. Taking the past three years only, the fever hospital accounts show an excess of income over ordinary expenditure of nearly £14,000. In the meantime Salford is at its wit's end to provide accommodation for the large number of cases of scarlet fever and diphtheria at present occurring in the borough, and has at last decided to delay no longer in taking steps to provide itself with a hospital of its own, with ample accommodation for all possible requirements, small-pox excepted, which disease is still to be treated at the Infirmary Fever Hospital.

The Southern Hospital.

At the annual meeting of this charity a record of increased work and increased expenditure was the chief feature. The maternity department has much developed during the last few years. In the twelve months covered by the report, 782 midwifery cases had been attended at the patients' own homes and 86 had been received into the wards of the hospital. The weak feature of the report was the falling off in the annual subscriptions, and, although happily during the year the institution had had a considerable increase in donations, this source of income is always fluctuating and a precarious one to depend upon for maintenance.

Owens College.

The number of entries in the medical department bids fair to maintain, if not to exceed, that of the last few years. At the time of writing 105 entries have been made, of which 75 are first year's men, and 32 are partial entries. There are also more than 50 entries in the preliminary scientific course. The Combe Lectures by Professor Sterling, of which two have at present been delivered, are being well attended; the first dealt in a general manner with all the sense organs, the second with the special sense of vision. The lectures are made attractive with a series of interesting experiments and exhibits. The annual dinner of the associates of the College takes place to-morrow week.

Sir H. Roscoe and Rabies.

One of our local members of Parliament and late professor in the college, Sir Henry Roscoe, is giving considerable satisfaction to many of his constituents by his advocacy of the Pasteurian treatment in dealing with rabies. Recently he delivered a lecture on the subject at Birmingham, and last week he was again to the fore at a meeting held in St. James's Hall, London, to promote measures for the extinction of hydrophobia in this country.

October 29th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Death of Mr. Mordey Douglas, M.R.C.S., of Sunderland.

I REGRET to notice the death in Sunderland, at the residence of Mr. Samuel Story, M.P., on Sunday last, of Mr. Mordey Douglas, a well-known practitioner of that town. Mr. Douglas had been in delicate health for several years, and for some time he was compelled by his weak chest to spend his winters in the Canary Islands, where he had established at Las Palmas an institution for invalids. As well as being an active public man, Mr. Douglas was an energetic practitioner. He was one of the originators of the Children's Hospital in Sunderland, and for some time was medical officer of health for the Port and Borough of Sunderland, taking a very prominent part, until he resigned these offices, in all matters relating to sanitation. He was a bold and good operator, and about seventeen years ago extirpated the whole tongue by the galvanic écraseur. I remember seeing the case at the Northumberland and Durham Medical Society, and it was considered by those present to be a most complete and satisfactory operation. This was at a time when operations on the tongue were not so fully undertaken as now. Mr. Douglas, who was only forty-eight years of age, has left a widow, two daughters, and a son at Las Palmas to mourn their loss. As well as being attended by his friends in Sunderland, he was also seen in his last illness by Dr. Drummond of Newcastle. It may be mentioned that Mr. Douglas was a nephew of the celebrated Dr. Mordey, J.P. and Mayor of Sunderland, whose services in connexion with the first outbreak of cholera in this country at Sunderland brought him the offer of knighthood from William IV., together with the appointment of Surgeon Extraordinary to his Majesty, both of which honours he, however, declined.

Sunderland and North Durham Eye Infirmary.

The committee in their report state that the infirmary has now been in existence for fifty-three years, and is treating 1000 new cases yearly. Its accommodation for in-door patients is, however, very limited and inadequate, and they are about to consider the building of a new wing, costing with site £5000, and appeal for help, which should be forthcoming in a large and prosperous town like Sunderland.

Ambulance Work in the North.

At a public meeting held last week in connexion with the Bedlington colliery ambulance and science classes, at which Sir Matthew White Ridley spoke and Lady Ridley presented prizes, it was mentioned that of the 1600 or 1700 men employed at this large mine, about one in every four had received ambulance instruction. As to the ladies' classes, Surgeon-Major Hutton reported: "He had seen many classes of ladies in all positions in life, and he thought few of them had been better up than the ladies' class at the Bedlington colliery."

Bradford Water-supply.

It is stated in the local papers that the Bradford Corporation have set on foot a scheme of a most elaborate character, by which it is hoped to obtain a better water-supply than at present exists. The scheme propagated by the Bradford

Town Council, and for the carrying out of which a Bill has been framed to come before the proper authorities, proposes to replenish the reservoirs connected with the town of Bradford by the water from the Nidd above Pateley Bridge. The Knaresborough folk, who gain their water-supply from the Nidd, which flows past that town, are naturally up in arms against any such scheme as that propounded by the Bradford people, and as both York and Knaresborough have in Bradford a common foe as far as this scheme of water-supply is concerned, a conference of the two former towns has taken place, and conditions have been suggested by which a modification of the Bradford scheme may be rendered harmless to the users of the Nidd water in the lower Yorkshire towns and districts.

Newcastle-on-Tyne, Oct. 29th.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

The Royal Medical Society.

ON Friday last, Professor Sir Douglas Maclagan gave the opening address of the 153rd session of the Royal Medical Society. Dr. H. H. Littlejohn occupied the chair. The address was characteristic of the speaker. It gave evidence that his views had advanced with advancing medical science, but that he still held to what was good in the practice of his earlier years. Taking as his subject venesection, Sir Douglas maintained that the disuse of the lancet was due to the advance which had been made in medical science during recent years. There might have been some change in the type of disease, though he was scarcely prepared to state that this had been proved, but he thought that we must acknowledge some change in the type of our patients. We were all living and working at a higher pressure than formerly, and he thought that in consequence of this the manifestation of the diseases that attacked us were somewhat different from those of fifty years ago, so that the change of type was not so much in the disease as in the patient. With all this, let them remember that their forefathers had the authority of centuries to shake off, and that, though they did use the lancet rather needlessly, they should not be blamed indiscriminately. Let the practitioners of the present day recognise in all humility the advantages which they enjoyed through the progress of medical science. He summed up by stating that they had to mark: (1) the wonderful change which had taken place in therapeutics as illustrated by the disuse of blood-letting, chiefly within his own professional lifetime; (2) that they believed that, as regards this therapeutical method, they had wiser and better views than the best practitioners of the former age had; and (3) that this improvement in practice was due to the superior wisdom or skill of this age. Not the least interesting part of the address was that in which was described an interview that he and Dr. Allen Thomson had with, among others, Goethe, at Weimar, about eight months before the death of the great poet and man of science, who was at that time eighty-two years of age, but still loved to have intercourse with younger men. He took an interest in all their studies and in the reports that they brought of Scotch science and English literature, and thus left upon them an impression which could never be obliterated. They would pardon him, said Sir Douglas, for enlarging upon this because he was sure that not in Edinburgh or in all broad Scotland, probably not in Britain, were there ten men who had seen and conversed with Goethe. If the diaries which the speaker advised young men to keep are to be records of such interesting matter as that called up on Friday, it is to be hoped that all who can follow the advice will do so. The address was an enjoyable one from beginning to end, and will take high rank even amongst the inaugural addresses of the Royal Medical Society.

Edinburgh University General Council.

The statutory half-yearly meeting of the General Council of the University of Edinburgh was held on Friday last in the Examination Hall; Principal Sir William Muir was in the chair. The report of the business committee on the Universities Act was read, and in the course of observations on it Mr. Taylor Innes laid stress on the fact that extra-muralism and affiliation in connexion with the medical school would come up for the consideration of the Commission in a very serious way. It was a matter of great importance that the Edinburgh Extra-mural Medical School should bring forward its claims for regulating its position in the University in some such way as the St. Mungo's College had done in Glasgow. He thought it would be unfortunate if such new and untried proposals as were coming from that city should engross attention without at the same time full care being bestowed on the existing and successful system with which they were familiar, and which they had had so long to consider. In connexion with Dr. Hadden's motion at the last meeting, that the managers of the Edinburgh Royal Infirmary should be requested to alter their rule as to the qualifications of their physicians, so as to put the M.D. of Edinburgh University on the same footing as the Fellowship of the Royal College of Physicians, a letter dated April 29th last was read from the treasurer of the Royal Infirmary. "I submitted extract from the minutes of the General Council of the University, of date 16th inst., to the Managers of the Royal Infirmary at their meeting to-day, and was directed to inform you that the subject of the qualification of their physicians was carefully considered by them in November last, and that they now adhere to the decision then come to." This leaves the matter in *statu quo ante*, and only Fellows of the Colleges of Physicians and Surgeons of Edinburgh can hold the offices of physician and surgeon in the Royal Infirmary. Dr. Alexander James brought forward a motion, in which, he said, there was nothing new or revolutionary, though it will probably be difficult to convince those in authority on this matter. He moved, "That it be represented to the University Court that, in order to secure the advantages of publicity, any member of the general council of a Scottish university shall have the right to be present at any of the oral professional examinations in the University of Edinburgh, in the faculties in which they are held." He hoped no one would suppose that they were actuated by the idea that there was anything unsatisfactory. The contrary was the case, but statements went before the public by which they were apt to be misled, and he could conceive of no better way of enlightening the public than that which he proposed. It is not very long since Dr. James was successful in getting a similar motion approved of in connexion with the examinations in the colleges. In that instance the results have been eminently satisfactory.

The Volunteer Medical Staff Corps.

What is said to be the first of a series of lectures on subjects of interest to this corps was given in the large theatre of the Royal Infirmary on Friday afternoon. Admittance was not confined to members of the corps; all students were invited to attend, and those who accepted the invitation were rewarded with a capital lecture on "Army Surgeons in the Field," by Surgeon-Major Blair-Brown. He pointed out that in the Army Medical Service the staff was terribly small in numbers, especially now that there was an increased necessity for the medical corps in the field, on account of the difference in the nature of the wounds at the present day from those of the "round ball" and "smooth bore" days. He showed how in consequence of the closeness of the field hospital to the fighting line the medical staff had really very responsible and dangerous duties to perform, instancing their position in the centre of, and then at the corner of, the square formation, which had been adopted in some of the battles with our more uncivilised foes. They had to be prepared for all kinds of emergencies of the battle field, and an important step had been taken in training the soldiers how to stop hæmorrhage with their elastic braces. He then contrasted even our admittedly imperfect, because too scanty, medical corps of to-day with that of the Crimea, where the band was supposed to undertake the duties of the medical staff corps, and they knew as much about the matter as did the old women who sent them out. Professor Annandale, who occupied the chair, after thanking Surgeon-Major Blair-Brown, remarked he himself was an officer of the Edinburgh Medical Staff Corps, but he had not yet had sufficient courage to put on the uniform.

Edinburgh Lying-in Institution.

The work done by this institution has materially increased last year, as 165 cases have during that time been assisted. In some cases the assistance has been sorely needed. In the report issued, it is claimed that the

doctors, nurses, and lady visitors have all done their work well and have earned the gratitude of those whom they have helped. The majority of the cases assisted were those of wives of working men out of employment, or laid aside by illness or death. This is work quite outside the ordinary Maternity Hospital work, and is thoroughly deserving of liberal support.

Edinburgh, Oct. 29th.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

Royal College of Surgeons in Ireland.

AT a special meeting of the President, Vice-President, and Council, held last week, the following professors were elected:—Surgery: A. H. Corley and William Stoker, Anatomy: F. Alcock Nixon. Midwifery: Samuel Mason. Medical Jurisprudence: H. Auchinleck. Medicine: John William Moore: Chemistry: Edwin Lapper. Materia Medica: G. F. Duffey. Zoology and Botany: E. McDowel Cosgrave. Pharmacy: G. F. Duffey. Ophthalmology: Charles E. Fitzgerald. There were contests in the chairs of Midwifery and Pharmacy; the other candidates were unopposed. On Nov. 7th an election for three professors will take place, one each in Anatomy, Physiology, and Pathology. Mr. Heuston will be appointed to the first, Mr. Scott to the second, while for the Professorship of Pathology the election, it is thought, will be between Dr. McKee, curator of the Museum of the College, and Dr. Myles. Mr. Heuston has resigned his seat on the Council, and for the vacancy Messrs. A. H. Corley and J. Bellew Kelly will compete, the election taking place on Nov. 5th.

Royal University of Ireland.

The annual ceremony of conferring degrees at this University was held last Monday, at the University buildings, presided over by the Marquis of Dufferin, Chancellor. In the course of an interesting address, he stated that in 1882 the entire number of candidates who entered for examination was 1898, while last year it was 3130, showing in the short space of six years an increase of 1232, or close on 64 per cent. He pointed out that their medical degree held a specially high place; the examination was admittedly a severe one, and they felt confident that each person to whom their degree was granted might be safely entrusted with the important duties and responsibilities inherent in the profession to which he had been admitted. He was happy to think that from very early days he had been in favour of the practice of medicine being open to women; and his Indian experiences had greatly deepened the strength of his convictions. In their Eastern Empire there are millions of women, from princesses and delicate and high-born ladies in the zenana to the wives even of the lower classes, who would rather die in the midst of their agony than allow a man to see their face, or in any way to treat them; and as for centuries they had been the victims of the most indescribable ignorance and abominable practices; they could therefore understand what a scope, both for professional success and for benevolent exertion, was open to women in that part of the world. In conclusion, he desired to state that in grateful recognition of this connexion with the Royal University of Ireland, he proposed to place at the disposal of the Senate an annual prize in the shape of a gold medal, to be competed for under such conditions as the authorities of the University might determine. Of the four studentships awarded this year, of the value each of £300, one in Biological Science was awarded to Denis J. Coffey, M.B.

Health of Dublin during September Quarter.

The deaths registered during the quarter amounted to 2107, equal to 23·9 per 1000, of which 359 were due to zymotic diseases, being an increase of 157 over the number for the previous three months, but 43 under the average number for the corresponding quarter of the past ten years. More than half the total mortality from zymotic affections was due to diarrhœa and dysentery. No death from small-pox has been registered in the district since March 3rd, 1888. A case was admitted to hospital in August last, but the patient has since been discharged. This is the only small-pox case in hospital since July, 1888.

Dublin, Oct. 29th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The French Surgical Congress.

IN continuing my *précis* of the most interesting of the many papers read at this Congress, I think that some account of that read by Dr. Demosthenes of Bucharest on the Surgical Treatment of Peritonitis and the discussion to which it gave rise claim space worthily in your columns, and may be read with profit. Dr. Demosthenes confined himself more particularly to the consideration of tubercular peritonitis, and remarked that the identity, anatomically speaking, of the pulmonary and abdominal serous membranes, and the pathological analogy subsisting between pleuritis and peritonitis, pointed to a similar, essentially surgical, treatment. Surgical intervention was indicated so soon as the presence of pus was ascertained, and it behoved us not to retard this intervention until the purulent collection was apparent from external examination, but to proceed to establish its existence by exploratory punctures immediately this existence was suspected. The destruction of peritoneal adhesions by traction or otherwise was not advisable, owing to danger of intestinal rupture; but should such an accident occur during the operation, and the perforation be not easily discovered, it was better to leave it to heal spontaneously, which it would do if the accummulation or stagnation of fæcal matter were prevented by strict antiseptics.—M. Demons of Bordeaux said that before discussing the surgical treatment of peritonitis it was necessary to be agreed as to the nature and gravity of the inflammation which one had to treat; and before appreciating results to well establish the proper moment for surgical intervention. The custom was to admit cases of peritonitis to purely medical wards; but peritonitis was a surgical affection about which there hung a tradition not to transfer it to surgical hands until it had undergone a course of expectant treatment on the medical side, which was at once long and prejudicial. He, the speaker, attributed the fewness of cases of peritonitis he had to treat largely to this cause. His first case was in 1885, and was one of the purulent kind following rupture of a suppurating ovarian cyst. He performed laparotomy, removed the cyst, and washed the peritoneal cavity clear of the exudation which it contained. Recovery was rapid and perfect. Should, then, laparotomy be generally recommended in cases of purulent peritonitis? The answer to this question was one full of moment. If, on the one hand, the operation was, as some advised, to be limited to making a small abdominal opening by which pus might drain away, and through which a cannula could be passed and the cavity washed out, the proceeding was simple and within reach of every practitioner. If, on the other hand, the operation should involve the making of an extensive abdominal incision and the laying bare and dressing of intestinal coils, the undertaking was much more arduous. As to the tubercular variety, there could be no doubt that laparotomy was the one thing indicated. The first time the speaker performed this operation in a case of tubercular peritonitis was one in which he had really diagnosed an ovarian cyst. Seeing his error, he quickly closed the abdominal cavity, but not before he had put, almost by hazard, some iodoform inside. To his surprise the result was excellent. He concluded by repeating he would advise laparotomy in tubercular cases, but that it was not necessary to remove the granulations which might be found invading the serous membrane.—M. Bouilly of Paris next read the notes of twelve cases of acute non-tubercular peritonitis on which he had operated with six successes. One was a traumatic case resulting from a kick from a horse. The operation was performed twelve hours after the accident, and revealed a gangrenous loup of intestine, which was resected. The cavity was then washed out and the operation, which was thus completed, resulted in the recovery of the patient. Of the remaining eleven four were cases of peritonitis resulting from the extension of lesions of the genital region. Of these three were saved by laparotomy, combined with antiseptic washing of the peritoneal cavity. Another was the desperate case of a poor woman who was admitted to the Paris Maternity with a ruptured uterus, which was found to extend to the bladder, and in which laparotomy was followed within two hours by death. The other six were cases of puerperal peritonitis,

of which two survived operation. Considering that in these twelve cases, with six successes, the conditions were discouraging and the symptoms extreme, M. Bouilly submitted his results were not unfavourable. In reply to M. Demons, he added that, inasmuch as in acute purulent peritonitis the object was to give prompt issue to pus, as in any other abscess, he was unable to see the advisability of a large incision, which complicated matters with no obvious advantages. He himself limited his incision to five or six centimetres, or from two inches to two inches and a half in length. This was long enough to admit his finger and a cannula, and by this means he directed his injection, composed of water, boiled, or rendered aseptic by the addition of a small quantity of bichloride of mercury.—M. Labbé of Paris had operated four times in cases of chronic or subacute peritonitis, with two successes. In three cases out of the four he avowed that the operation was the result of an error in diagnosis. On two occasions it turned out to be a case of tubercular peritonitis, but with signs so limited and defined that M. Labbé believed he was dealing with an ovarian cyst. Having made his incision he went no further and the patients recovered, which recovery struck him as it had M. Demons.—M. Campenon of Paris had operated once without success in a case of general peritonitis resulting from a perityphlitis. At the necropsy he was able to see that if he had well washed the whole of the peritoneal cavity, a vast abscess which he then found under the agglutinated intestinal coils between the rectum and bladder, and which was evidently the cause of death, would not have been overlooked.—M. Denucé of Bordeaux also reported a successful laparotomy in a case of purulent peritonitis following abortion, and MM. Brun and Rontier of Paris concluded the debate, which, in a word, resolves itself into unqualified advocacy of operative intervention in this disease, by recounting further cases of successful procedure.—A communication by M. Reclus of Paris, on the Production of Local Anæsthesia by Means of Cocaine, was listened to with considerable interest. He said he regretted to find that the use of cocaine for this purpose was not so general as it certainly deserved to be. It was reproached with being inefficient, and even dangerous. Now, he had made over 700 injections of cocaine, and he protested that these reproaches were not justified. It should be understood, however, that for the injections to bring about the desired effect they should be not merely subcutaneous but completely interstitial. Practised in this way, anæsthesia is always obtained, and is by no means, as has been stated, insufficient in tissues that are inflamed. As to duration of effect, he would put it at from three-quarters to one hour. In ano-rectal operations the use of this drug was most successful. Bone alone seems the only tissue not amenable to its influence. Speaking of the dangers, he declared that in his 700 injections he observed none, and that with ordinary care he believed none would be encountered. In the whole of the literature on the subject he could find a record of four deaths only which were laid to its account, and here considerable doses were given. But below seventy-five centigrammes he believed we were quite safe. There were doubtless certain symptoms, such as pallor of the face, loquacity, with a tendency to syncope, &c.; but with an ordinary dose of twenty centigrammes accidents were extremely rare. Generally, a dose of from ten to twelve centigrammes would be found sufficient, and, in a word, cocaine thus handled was, in the opinion of M. Reclus, an excellent and safe agent. In a subsequent communication I hope to give the substance of the debate on the treatment of Aneurysms of the Limbs.

The Hospitals of France.

At the moment when the question of hospital administration is engaging so much attention on your side of the Channel a few particulars culled from the report issued by the Bureau of General Statistics concerning the French hospitals may be of interest. From this it appears that the total number of hospitals of all kinds in France is 1658, these being subdivided into 404 hospitals proper, 806 hospital infirmaries, and 451 infirmaries. It results from these numbers that there is in France one hospital or infirmary for every 23,000 inhabitants. The number of patients treated in these establishments averages 400,000 per annum, giving a proportion of twelve persons treated for every 10,000 of the inhabitants. But while in the provinces this proportion is only 9, it rises in the Department of the Seine, or in other words Paris, to something above 40. Taking, then, an equal number of inhabitants, it is found that there are four times more persons treated in hospitals in Paris than in the country districts. The report embraces a period of fifteen years—viz., from 1871 to 1885,—and during this period the number of cases was in round numbers 360,000, that of deaths 40,000, which gives an average from year to year of nine cures for every single death. Two of these years were, however, exceptionally severe—viz., 1871, owing to the German invasion and the Commune; and 1884, by reason of the cholera epidemic. As to the income of these establishments in general, it goes on increasing. In 1833 it was over 51,000,000 fr., while in 1885, with nearly the same number of institutions, it had increased to 123,500,000 fr. The Paris hospitals are, however, in a less satisfactory financial state relatively to the provincial hospitals, but nowhere can the glaring deficits of the London hospitals be equalled. While, as I have said, the total income for 1885 for all the hospitals of France was over 123,500,000 fr., the total outlay was not quite 109,000,000 fr., thus leaving, as will be readily seen, a very comfortable margin. The average number of days spent by a patient in hospital is thirty for Paris and thirty-five for the provinces. The average cost per day in Parisian hospitals is 2 fr. 97 c., and in those of the provinces 1 fr. 77 c., giving a general average for all the hospitals and infirmaries of France of 2 fr. 4 c., or about 1*s.* 8½*d.* per day. It is to be noted further that in this country hospital abuse is not allowed to run rampant, for of the total revenue already quoted over 20,000,000 fr. are derived from the patients' own contributions. The contribution is levied as follows:—Whenever a person is admitted to a hospital full particulars as to his civil status are recorded; then due inquiries are made, and he is expected and required to pay according to his means and the accommodation he is provided with. Flagrant abuse of the charity is thus effectually prevented. On the other hand, there is no country in the world where charity goes farther to aid the really necessitous and deserving in the hour of trial. I ought perhaps to add that all the hospitals of France, with the exception of a few private ones, are under the administration of the Governmental department known as the Assistance Publique, which finds, to some extent, its parallel in your Local Government Board.

Paris, Oct. 29th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

The Meeting of the German Anatomical Society.

THE proceedings of the third assembly of the German Anatomical Society began on the 10th inst., about 100 persons being present, and were introduced by a lecture delivered by Professor Wilhelm His of Leipsic, who is president this year. He proposed an alteration of the present custom of showing anatomical preparations to fellow anatomists at congresses. At present, he said, a hundred preparations and more are exhibited at a congress in a short space of time one after the other. No investigator could examine such a number with the necessary attention and leisure. A committee should be formed to select the more important preparations for exhibition. A second committee should be elected to act as final arbiter between investigators in scientific disputes. A historical instance of such a procedure was the dispute about a nerve-formation between Schlemm and Arnold, in which Johannes Müller was arbiter. The lecturer further proposed that every custodian of an anatomical collection should throw it open to his fellow anatomists, say for a month during the university vacation, and be ready with his assistants to give them the necessary information about the preparations. He further proposed the establishment of an institution for anatomical science on the model of the Zoological Station in Naples. His final proposal was that the Anatomical Society should make the reform of anatomical nomenclature one of its foremost tasks. A committee should be appointed for preliminary deliberations to that end, but the final work should be entrusted to a salaried investigator well versed in the history of anatomy. The last man who attempted to systematise the nomenclature of anatomy was Jacob Henle, who went on the principle of naming every anatomical structure exclusively according to its special

function. The lecturer opposed this principle. He wished to see the historical personal names, such as Meckel's ganglion, and Poupart's ligament, preserved, because, for one thing, they excited the curiosity of students of medicine as to the history of their science. He also opposed the universal Germanisation of anatomical terminology, as proposed by Marcus Herz and more recently by Dressler, because, for one reason, such a transformation would render mutual understanding between German and foreign anatomists still more difficult than it is. In the afternoon the members of the society visited the splendid new museum for natural science, which is not yet open to the public. Then they went to the zoological museum, which occupies the main part of this palace of science. The bi-partition of the museum is quite a new idea, one part being intended for the general public, the other for scientific investigators alone. The cabinets containing the zoological preparations are arranged in the so-called fish-bone form. The equipment of the museum excited general admiration.

The International Medical Congress of 1890.

The Budget of the German Imperial Home Office allots 80,000 marks as a contribution to the expenses of the tenth International Medical Congress which is to meet here next year, and assigns the following reasons: "The considerable expenses which these congresses entail are, as is proved by experience, only partly covered by the contributions of the members, so that, on former occasions, especially at the last congresses in Copenhagen and Washington, considerable subsidies were granted by the respective governments from public funds for the defrayal of the expenses. It will not be possible for the empire to lag behind other states in this respect."

An Interesting Operation.

A unique medical phenomenon, a native wing-membrane, which Professor Julius Wolff of Berlin has observed in a girl of nine, is being much discussed here at present. Between the thigh and the lower part of the child's left leg extends a peculiar formation, such as is found only between the upper and fore arms of the wings of birds, and which Professor Wolff therefore calls "wing-membrane." Three of the fingers of the child's right hand are webbed together, and her right leg terminates in a club-foot of the most pronounced character. The "wing-membrane," which is eighteen centimetres long and two centimetres thick, and covered all over by normal skin, is a smooth continuation of the soft parts, and the knee-joint could never be stretched, but only bent to a right angle, so that the girl could only move about on her knees. Professor Wolff resolved to make it possible for her to walk erect by removing the club-foot and cutting the wing-membrane through. The first of these two operations succeeded easily, with the help of water-glass bandages; but the second proved very difficult, and had not the desired effect. A year elapsed before the wound was healed and the possibility of stretching the knee-joint completely attained. The little girl is now able to walk erect without stick or crutch, and to go to school. Her gait is, of course, awkward, for the left leg is about twelve centimetres shorter than the right one. Professor Wolff's success is regarded as a decided triumph of surgical skill.

The New German Pharmacopœia.

After sitting for eleven days, the German Imperial Pharmacopœia Commission ended its deliberations on the 19th instant. Thanks to the careful preparations of the committee, it was found possible to settle all disputed points quickly. The rapid dispatch of business was due not a little to the circumstance that all divergent opinions were always referred in the first place back to the committee, which was thus enabled to come to an agreement beforehand, and to appear before the Commission with a firmly-formed opinion. Of the numerous new medicines which have come into use during the last few years only those were accepted the efficacy of which is universally recognised. All remedies for which a sure determination of identity is still wanting, or which are no longer generally in use, were omitted. The new edition of the legal Pharmacopœia will now be definitively prepared, and it is hoped that it will come into force next year. The Commission expressed the opinion that a German edition is desirable, and that the foreign expressions should be replaced as far as possible by German ones. Of course the scientific Latin designations which serve as headings are retained.

Berlin, Oct. 29th.

EGYPT.

(FROM OUR OWN CORRESPONDENT.)

Health of British Troops.

THE garrison in Cairo remains as it was, and includes two infantry battalions and details of every branch of the army, making a total of about 2000. Of this strength, 186 are to-day in hospital, and this includes the enormous number of fifty-one cases of enteric fever, two of them being officers. This high sick-rate is chiefly derived from the young soldiers of the Royal Irish Rifles, who, during July and August, were on duty up the Nile at Assouan and as far as Korosko, in consequence of the Dervish advance and their rout by the Egyptians at Toski. This regiment suffered much more from subsequent enteric fever, dysentery, and diarrhœa than the King's Own Scottish Borderers, who have now a sick rate of only 5 per cent. This is apparently due to the Rifles having suffered greater exposure and fatigue, for they were a longer time up the river and advanced farther southwards. Moreover, as it was important to move up British troops rapidly, and there was an insufficient number of steamers on the spot, *dahabiyehs* had to be employed, and when the wind failed tacking was necessarily resorted to. The 20th Hussars, who pushed as far as Toski, had as a penalty a sick-rate afterwards of 15 per cent. The sanitary arrangements were carried out as perfectly as was possible; when in camp the men lived in huts, and were supplied with earth-closets and filtered water, but on the river it was found impossible to filter all the drinking water. It must be remembered that the Nile during the summer months is thick with suspended salts and earth, and that thirst and work necessitate almost perpetual drinking. A boat was told off to take water from the centre of the stream, and native filters were kept constantly in use. The experience was similar to other campaigns in Egypt, for the sick-rate was not abnormally high until after the stress was all over and the men were back again in Cairo. But it is satisfactory to know that the percentage of sick is now slowly diminishing. Nobody knows better than the Soudanese that it is difficult for us to send English troops up the river during the hottest months, hence they so time their advance. We must obviously make use of our combined Egyptian and English garrison at the frontier, and the result will be the same. Egyptians can safely drink unclean water and breathe foul air, while the young Englishman, in spite of filtering and other precautions, falls a victim to the intestinal diseases against which he has not been "vaccinated" in early life. Possibly it might be better to regard the English soldier during a campaign in the hottest months merely as a fighting machine, and to employ native labour for all sorts of fatigue duty.

The School of Medicine

The official journal of the Egyptian Government of Oct. 16th proclaims that Dr. Hassan Pasha Mahmoud was on Oct. 10th appointed director of the Government Medical School, at a salary of £750 a year. Hassan Pasha is a nephew by marriage of Riaz Pasha, the Prime Minister, and is son-in-law to one of the under-secretaries of State. In order to make room for him, the director, who under English advice has of late years greatly improved the school, has been shelved, and the vice-director, one of the very few scientific Egyptians, and lately very highly commended for his natural history work by Professor Virchow, has been deprived of his appointment, though not of his professorship. The late director has introduced practical anatomy; has persuaded the Government to build dissecting rooms, museums, and laboratories; has permitted the students to work for their last year in the hospital wards; and has done many other things which have contributed to the marked improvement there is in the medical school. The appointment of Hassan Pasha is the most unpopular among both natives and Europeans which could possibly have been made.

Cairo, Oct. 21st.

SEWERAGE WORKS, HUDDERSFIELD. — On the 24th ult., Mr. W. H. Jessop, chairman of the Sanitary Committee of the Corporation of Huddersfield, performed the ceremony of cutting the first sod of the new sewerage works at Deighton, the estimated cost of which is £40,000.

THE ITALIAN MEDICAL CONGRESS.

(*Concluded from page 873.*)

THE afternoon sitting of the 16th was signalised by a brisk discussion evoked by a paper of Professor Petrone of Catania on "Two Cases of Hepatic Cirrhosis cured with Milk Diet, Diuretics, and Cathartics, and Hot and Moist Cataplasms applied to the Abdomen." Dr. Petrone maintained the possibility of curing similar cases even in the state of hepatic atrophy, but not when degeneration of the parenchymatous elements of the viscus had been established. Prof. Cardarelli held another opinion, as wholly pessimistic as Petrone's was optimistic. Out of 100 patients suffering from hepatic cirrhosis he had not succeeded in curing one, and suggested that in Petrone's cases an error of diagnosis had been committed. Professor De Renzi's experience rather favoured Dr. Petrone's than Professor Cardarelli's, and Professor Semmola then intervened with a criticism of Cardarelli's view as "*a prioristic*," and defended Petrone's position from his own clinical practice, reinforced by that of other clinicians, Italian and foreign. The battle now became general. Professors Senise and Ria never knew any case, diagnosed as one of hepatic cirrhosis, to have been cured; while Professor Queirolo contended that, at times, by the development of a collateral circle, there may be a suspension of the pathological process, a suspension which may be repeated at intervals of varying duration. Professor Maragliano insisted, as a factor in the case, on the functional activity of the heart which sometimes succeeded in cutting off from the circulatory system the liver with the vena porta. When the heart no longer gives compensation, then ascites and other derangements set in. Professor Semmola returned to his position, and rebutted Professor Queirolo's argument that there are intermittent hepatic cirrhoses. He further maintained the curability of the malady in its hyperplastic or hypertrophic stage, and cited instances in point. Replying on the whole case, Dr. Petrone complained that want of time had prevented him from adducing all the facts and illustrations he had accumulated. He concluded by joining with Professor Semmola in a recommendation that the Congress should appoint a committee to make a special study of the question and report on it at next year's meeting.

When the Congress resumed its sittings (17th) the report of Professors Murri and Cantani on "Gout" proved as fruitful of discussion as that on malaria. Professor Murri took in hand the pathogenesis of the disease, and examined at great length and with much severity the theories of Wierordt, Ebstein, Gerhardt, and Pfeiffer. He criticised the view that uric acid in the blood attacks some tissues and induces necrosis of them, and that on these necrosed tissues tophi are formed. This theory, he said, is opposed by another, which makes the necrosis of the tissues depend on various causes, on their greater vulnerability for example. But to speak of vulnerability and not give a reason for it or tell in what it consists is, he said, to say nothing. Why are tophi formed by preference on the idle hands of ladies and not on their tortured and boot-constricted feet? Why on the ears rather than on the nose? He confronted gout with leukæmia and other diseases in which uric acid prevails in the urine, but in which there is no access of gout. What pathological condition is pre-existent to gout? According to Wierordt, nephritic symptoms do not exist in the gouty. Then why is uric acid secreted in the urine of the gouty in greater quantity before the fit and in less quantity during the fit? Analysis finds in the gouty more uric acid in the blood and less in the urine. Nor does the diminished alkalinity of blood explain the whole of the morbid process. Uric acid, he maintained, is produced by imperfect oxidation of the albuminates, as urea represents their complete oxidation. Concluding that the presence of uric acid in the blood of the gouty is due to impaired power of oxidising the tissues, he expressed the hope that further research would continue to be made on a more elaborate scale than heretofore with a view to solve this most arduous problem. Then followed Professor Cantani on the treatment. He, too, instituted a "march past" of previous, especially German, clinicians on the subject, and dwelt at much length on Pfeiffer's acid treatment, which he condemned. Considering heredity and an excess of albuminates in the daily food as principal factors in the gouty diathesis, he laid down rules for an azotised regimen, while allowing vegetables and fruit in small quantity; and, further, prescribed gymnastics, systematic movement, salicylate of soda, alkalies, and alkaline beverages. The discussion that ensued lasted all through the forenoon sitting and the greater part of the afternoon, and was perhaps the most interesting, as it was certainly the most animated of the series. It ranged over many of the derivative affections of the gouty, and evinced the attention given by Italian pathologists and therapeutists to the cardiac and neurasthenic sequelæ of chronic gout. Professors Alivia, Rummo, Petrone, Sonzino, Franco, and Olivieri were the chief interlocutors, and they were followed by Professors Murri and Cantani in defence of the positions maintained in their report. The latter pointed out that in Italy there are many alkaline springs known to but a few and quite untried. He further expressed the hope that these would be adequately studied and made universally available. "We have," he said, "waters superior to those of Vichy and Karlsbad, but almost unknown or fallen into discredit through having been improperly worked by private and non-professional speculators."

Papers of minor interest, though none of them without value for the practitioner, occupied the remainder of the sitting and part of that of next day (18th); after which the Congress was dissolved in a few congratulatory and encouraging sentences by its president, Dr. Baccelli. Alluding to the preponderance of the results of German science and practice in the subject matter of their discussions, he said: "Learned Germany will have in us a faithful ally not only for the peace of Europe but for scientific progress. We Italian physicians, ready for every sacrifice called for by the unity, the freedom, the greatness of our country, express the hope that, rather than with the laurels of battle, Italy will wreathe her forehead with the gentle and beneficent laurels of peace."

CORRIGENDUM.—On page 873, first column, lines 6, 14, 21, 39, and 53, for "Cantani" read "Baccelli." At line 7 from the foot of page 872, second column, there should have been no comma after "retired."

THE ROYAL COLLEGE OF PHYSICIANS.

AT the ordinary quarterly meeting of the comitia of the Royal College of Physicians held on Thursday, Oct. 31st, the President nominated Dr. Richard Quain and Dr. Samuel Wilks as Vice-Presidents for the ensuing year. He then announced that Sir Henry Pitman had resigned his appointment upon the Committee of Management, and in graceful terms moved an expression of the grateful thanks of the College to Sir Henry Pitman for his valuable services during many years. It was also agreed that the College should present a robe to him as Emeritus Registrar. The following gentlemen were then admitted Members of the College:—G. A. Carpenter, M.B. Lond.; J. Davison, M.D. Queen's Univ.; E. B. Forman, M.D. Lond.; E. Goodall, M.D. Lond.; E. H. Greves, M.D. Edin.; A. A. Jamison, M.D. Glasg.; A. P. Luff, M.B. Lond.; W. Newman, M.D. Lond.; E. C. Perry, M.D. Camb.

Among the communications addressed to the College, one of the most important was a letter from the Foreign Office, notifying further restrictions on the practice of medicine by Englishmen in France, it having been agreed that English doctors will be allowed in exceptional cases only to present themselves for examination in order to acquire the right to practise in France.

An announcement was made of the award of the Murchison Scholarship to Arthur John Whiting, M.B., C.M. Several other official announcements were received.

After some little discussion a resignation of membership of Patrick Fraser, M.D. (Member, 1839), was formally accepted.

The Treasurer presented his audited accounts for the year ending Sept. 29th last, showing that the income of the College had amounted to upwards of £20,915, and its expenditure to £18,773, leaving a balance at the bankers' of over £2142.

The quarterly report of the Finance Committee was then presented, and some discussion ensued upon a recommenda-

tion to increase the stipend of the Treasurer. Upon the motion of Sir Henry Pitman, seconded by Dr. Norman Moore, it was agreed to increase this to three hundred guineas a year.

Dr. Allchin's motion, which referred to a new bye-law of the College, was, after a few words, postponed to the next meeting, to obtain the opinion of counsel.

Several other important matters were also deferred owing to the lateness of the hour, and the meeting ultimately adjourned to Thursday, Nov. 7th.

THE SERVICES.

ARMY MEDICAL STAFF.—Brigade Surgeon Wm. Tanner, from half pay, is granted retired pay (dated Oct. 30th, 1889).

ARMY MEDICAL RESERVE OF OFFICERS.—Acting Surgeon Arthur Corrie Keep, M.D., 2nd Volunteer Battalion, the Worcestershire Regiment, to be Surgeon, ranking as Captain (dated Oct. 26th, 1889).

VOLUNTEER CORPS.—*Rifle:* 1st Volunteer Battalion, the Royal Warwickshire Regiment: Arthur Thos. Holdsworth, M.D., to be Acting Surgeon (dated Oct. 26th, 1889).

Obituary.

DR. ADOLF WISLICENUS.

"THE Romance of Medicine" might well claim as one of its heroes this octogenarian practitioner who died at St. Louis, U.S., at the close of last month. Dr. Adolf Wislicenus was born in 1810 at Dornfeld, in Thuringia, and at the usual age left the gymnasium for the university, to qualify for the medical career. He studied at Göttingen, at Jena, and at Würzburg, until, shortly before graduation, he became compromised in the famous "Frankfurter Attentat" and had to flee the country.

In the spring of 1833 a conspiracy had been formed in Frankfurt-on-the-Main to avenge itself on the Federal Diet, which by its severely restrictive press laws had roused the citizens, particularly the younger portion, including many students in the several faculties, to something little short of madness. In this conspiracy Adolf Wislicenus, with Matthiä and others of the medical *Burschenschaft*, took a leading part—the design being to blow up the Diet. On April 3rd, 1833, the attempt was made. The guardhouse was carried by storm, and the conspirators were within an ace of effecting their purpose when the military appeared in the nick of time, arrested nine of the youths, and put the others to flight. Among those who, after hairbreadth escapes, eluded the emissaries of the law was young Wislicenus, who found his way to Switzerland, where at the University of Zurich he resumed the broken thread of professional study. He graduated with distinction, and in 1835 proceeded to the United States. Ultimately settling in practice at St. Louis, he rapidly formed an extensive *clientèle*, of which his compatriots were the nucleus, and realised a handsome income, which enabled him to give time to pure science and also to travel in and beyond the States. He made memorable visits to Mexico and the Rocky Mountains, and published most interesting records of his observations and experiences. By all classes he was looked upon as an enthusiastic and large-minded reformer, an honest and benevolent survivor of the "Vor Achtundvierziger" men—as the precursors of the revolution of 1848 are familiarly called, and steps, we understand, are being taken by the German colony, not in St. Louis only, to perpetuate by some suitable memorial his name and his life-record.

DONCASTER INFIRMARY AND DISPENSARY.—The annual general meeting of the governors and subscribers of this institution was held on Oct. 28th, the Mayor presiding. The report stated that the subscriptions amounted to £20 less than last year. The total income had been £1850, and the expenditure £1450. The report was adopted, and votes of thanks were passed to the medical staff and other friends and helpers.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having conformed to the bye-laws and regulations and passed the required examinations, were, at a meeting of the College on Oct. 31st, admitted Licentiates:—

*Barker, J. Collier, St. Bart.'s.
Barker, J. Hamer, Manchester.
Bates, Stephen H., Univ. Coll.
Bentham, A. O., Manchester.
Bergin, George F., Bristol.
Bevan, T. Webb, St. Bart.'s.
Beyts, William George, Guy's.
Birkenhead, H., Manchester.
Boase, William G., St. Bart.'s.
Borrett, George Goss, London.
Cameron, Ewan G., Middlesex.
Carrell, G. N. Piccaver, Guy's.
*Cato, A. McLean, Westminster.
Cayley, Cyril Henry, Middlesex.
Cheetham, S. W., Liverpool.
Cleveland, R. A., Univ. Coll.
*Collett, H. G. O., King's College.
Collins, A. B., St. Bart.'s.
Conway, B. W., Manchester.
Cooke, J. A., Manchester.
Cuthbert, H. Pierce, London.
*Dane, Robert, Middlesex.
Dewhurst, J. H., Camb. and St. Thomas's.
Dickson, T. H., Camb. and St. Thomas's.
Dowse, H. E., Westminster.
Duigan, William, London.
Edmonds, G., St. Bart.'s.
Edwards, J. H., St. Bart.'s.
Elam, George, Middlesex.
Elliot, R. H., St. Bart.'s.
Enraght, W., St. Bart.'s.
*Evans, T. H. Fencott, St. Bart.'s.
*Foley, C. N., St. Thomas's.
George, A. W., Edin. and St. Thomas's.
Gibbs, S. F., St. Bart.'s.
Giffard, G. G., St. Bart.'s.
Glinn, George F., St. Mary's.
*Godding, James, London.
*Griffin, John H., St. Bart.'s.
Heath, A. J., Univ. Coll.
Hickley, A. M., St. Mary's.
Higginson, J. W., Univ. Coll.
*Hooton, W. A., Manchester.
*Hughes, A. E. P., St. Thomas's.
Hugo, E. V., St. Bart's.
Jamieson, S., Edinburgh.
Kelbe, W. E., Guy's.
Khan, Masha Allah, London.
Kitchin, H. B., Univ. Coll.
Knox, Jas. K., Camb. and St. Mary's.
Lewers, Alexander, St. Mary's.
Lewis, L., Westminster.
Ley, G., Univ. Coll.
Lightbody, J. H., Liverpool and St. Bartholomew's.
*Livsey, W. E., Liverpool.
Major, A. C., London.
Manning, H. P. O., Guy's.
*Mansbridge, J., Charing-cross.
Martin, A. E., London.
Meyers, D. C., Toronto.
Milner, A. S., Charing-cross.
Morris, G., St. Bartholomew's.
Naylor, J., St. Bartholomew's.
Neill, B., St. Bartholomew's.
Norburn, A. E., Guy's.
Norton, E. E., Middlesex.
O'Leary, A. P. E., Bristol.
Olive, E. J. P., St. Bartholomew's.
*Ormerod, H. L., Bristol.
Osborne, O., London.
*Paget, P., Guy's.
Paul, M. E., London.
Pires, G., Bombay and Univ. Col.
Pollock, C. S., St. George's.
Powers, C. H., St. Mary's.
*Pratt, E. F., Birmingham and Newcastle-on-Tyne.
*Purnell, P., Guy's.
*Rayne, W. T., Westminster.
Rees, J. M., St. Bartholomew's.
Rendel, A. B., St. Bart.'s.
*Rowlands, H. P., Guy's.
*Rubinstein, D., Leipzig.
Rudyard, H. A., Univ. Coll.
Saunders, F. W., Cambridge and St. Bartholomew's.
*Scott, G. H., Leeds.
Shepherd, H. B., St. Thomas's.
Simmons, F. H., St. Bart's.
*Simpson, G. W., Westminster.
*Smith, H. W., Birmingham.
Snape, E. A., Charing-cross.
Speechly, H. M., London.
Stabb, A. F., St. Thomas's.
Standage, R. F., St. Barthol's.
Stokes, W. G. G., Camb. and St. Thomas's.
*Sullivan, E. Henry Charles, St. Thomas's.
Taylor, E. E., Edinburgh.
*Tindall, E. D. P., Guy's.
*Toller, S. G., St. Thomas's.
Tuppen, H. S., St. Thomas's.
*Verano, L. L., St. Barthol's.
Walters, A. P., Univ. College.
Warde, W. B., St. Barthol's.
Watkins, H. E., Manchester.
Wightman, H. T., Sheffield.
Williams, E. McK., Univ. Coll.
*Williams, E. G. H., Charing-cross.
Woodall, R. W., London.

* Candidates who have not presented themselves under the regulations of the Examining Board.

ROYAL UNIVERSITY OF IRELAND.—On the 28th ult. the following degrees were conferred by the Marquis of Dufferin, Chancellor of the University:—

Doctor in Medicine.—Richard Rolt Davidson, Chas. Donovan, Joseph Everard Dunlop, John M. Hall, James Hamilton, Henry Harley, William O'Donnell, William Latimer Storey.

Bachelor in Medicine.—John William Wolfe (with first class honours), Isaac Banks, James Byrne Coleman, Joseph Eldon, James Matthew Fagan, Thomas McDermott, Francis McKee, James Adrain, Joseph Patrick Clarke, William Ekin, Alexander Erskine, James Fulton, Hugh Todd Gill, William James Gregory, William Healy, Paul Patrick Jennings, Joseph John Loftus, Arthur Saul McComiskey, Horace Townsend Merrick, Alex. Thomson Morrison, Robt. Jackson Munn, Matthew Joseph O'Regan, Henry Kennedy Smyth, Joseph Smyth, James Taylor, Samuel Henry Withers.

Master in Surgery.—James Byrne Coleman.

Master in Obstetrics.—Patrick F. Graham, Hugh McMillan, George Matthew Thompson.

Bachelor of Surgery.—James Adrain, Isaac Banks, Joseph P. Clarke, James B. Coleman, Richd. Rolt Davidson, Charles Donovan, Joseph Everard Dunlop, William Ekin, Joseph Eldon, Alexander Erskine, James M. Fagan, James Fulton, Hugh Todd Gill, William James Gregory, John Moore Hall, James Hamilton, Henry Harley, Wm. Healy, Paul Jennings, Joseph J. Loftus, Arthur W. McComiskey, Thomas McDermott, Francis McKee, Horace Townsend Merrick, Alex. Morrison, Robert Jackson Munn, Wm. O'Donnell, Matthew Joseph O'Regan, Henry Kennedy Smyth, Joseph Smyth, William Latimer Storey, James Taylor, Samuel Henry Withers, John Wm. Wolfe.

Bachelor of Obstetrics.—James Adrain, Martin Atock, Isaac Banks, James Carroll, Joseph P. Clarke, James B. Coleman, Richard R. Davidson, Charles Donovan, Joseph Everard Dunlop, Wm. Ekin, Joseph Eldon, Alex. Erskine, James Fagan, James Fulton, Hugh

Todd Gill, Wm. James Gregory, John Moore Hall, James Hamilton, Henry Harley, William B. Hayes, William Healy, Paul Jennings, Joseph Loftus, Arthur McComiskey, Thomas McDermott, James Macdonald, Francis McKee, Edward Magennis, Horace Merrick, Alex. Thomson Morrison, Robt. J. Munn, Wm. O'Donnell, Matthew O'Regan, William Richardson, Henry Kennedy Smyth, Joseph Smyth, Wm. Latimer Storey, Jas. Taylor, Samuel Henry Withers, John William Wolfe.

Diploma in Sanitary Science.—John Gillespie Deacon, Robert Lynn Heard.

DONATIONS. — Mr. C. Kennedy, J.P., has given £250 and Dr. McSwiney £25 to Jervis-street Hospital, Dublin.

THE ROYAL MEDICAL BENEVOLENT COLLEGE has received £100 under the will of the late Baroness Clementina von Roemer.

MEDICAL MAYOR.—Mr. John Sherburn, M.R.C.S., on the invitation of the Hull Town Council, has consented to hold the Mayoralty for another year.

PUBLIC BATHS, GUILDFORD.—The Mayor and Corporation of Guildford formally opened these public baths, on the 25th ult., which have been erected at an outlay of £2800.

LUTON.—On Tuesday, Mr. Cyril Flower, M.P., opened a new Children's Sick and Convalescent Home at Luton, which has been established by a gentleman who desires to remain unknown.

CAVENDISH COLLEGE, CAMBRIDGE.—The opening of the new College Hall will take place on Saturday, Nov. 16th, at two o'clock. There will be a luncheon, at which the Marquis of Hartington will be present.

SCARLET FEVER IN BIRMINGHAM. — On the 30th ult. there were 440 patients in the hospital. The wards are not quite full, which is in some measure satisfactory to know.

HOSPITAL SUNDAY IN BIRMINGHAM.—Last Sunday was sadly interfered with by the continued wet and cold. The amount up to date is £4269 9*s.* 5*d.*, and it is proposed to supplement this by additional collections next Sunday.

OPEN SPACES.—Mr. Alderman Ward, Mayor of Leeds, formally opened on the 26th ult. a new recreation ground for the use of the inhabitants of Rodley. The present area of the site is nine acres, and the purchase money amounted to a little over £1400.

THE SOUTHERN (AMERICA) SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.—The session of this Association will be held in Nashville, Tennessee, on Nov. 12th, 13th, and 14th, 1889, under the presidency of Dr. Hunter McGuire, of Richmond, Virginia. Members of the medical profession are cordially invited to attend. The secretary is Mr. W. E. B. Davis, M.D., Birmingham, Alabama.

THE CITY SCHOOL OF CHEMISTRY AND PHARMACY.—The winter session at the above school was opened at the commencement of this week. In all former years the school opened simultaneously with the metropolitan hospital schools, but this year an unavoidable delay occurred owing to the illness of the principal, Mr. Maurice Williams, who has now sufficiently recovered to resume his customary duties.

PARIS EXHIBITION PRIZES.—The well-known firm of M. G. Masson, medical and scientific publishers, has been awarded a "grand prix" at the Paris Exhibition in Class 8 (organisation, method, and material of higher education), and also in Class 9 (the press and library). In Class 14 (medicine and surgery) of the Exhibition "grands prix" have been awarded to Baretta, Mariand, Claude Martin, Raoul Mathieu, and Tramand, all of France. Fourteen gold medals and twenty-six silver medals were also awarded in this class.

NOTTINGHAM GENERAL HOSPITAL.—The 107th anniversary meeting of this institution was held on the 24th ult., at the county hall, the Duke of Newcastle, the president, occupying the chair. The report, which was adopted, showed that during the past half year the work of the hospital in all its departments had been efficient and satisfactory. The total number of patients under treatment was 788, against 783 in the corresponding months of last year. The financial condition of the hospital continued a source of anxiety to the Board. The appropriation, as income, of legacies which should have been capitalised has been an unavoidable alternative.

SUNDERLAND AND NORTH DURHAM EYE INFIRMARY.—The report just issued states that this infirmary has now been in existence for fifty-three years, and treats yearly 1000 new patients, receiving as many in-patients as the inadequate accommodation will allow—viz., five. The committee consider that, with what they have in hand, an additional £4000 would enable them to erect a suitable and adequate eye infirmary free of debt, and they accordingly appeal for assistance to that end.

LITERARY INTELLIGENCE.—The approaching publication of a work on the "Bibliography of Venereal Diseases," from the earliest writings on syphilis at the close of the fifteenth century to the present day, is announced by Hanstein, Bonn (London: Dulau and Co.). The work, which is compiled by Dr. G. K. Prosch, will consist of three volumes, and will contain analytical summaries of the vast field of literature now covered by this subject. The first volume is announced as being ready, and the others will appear in 1890.

DR. CHAUTEMPS. — Last Tuesday morning Dr. Chautemps, President of the Municipal Council of Paris, who is now on a visit to London, went over the French Hospital near Leicester-square, and under the guidance of Dr. Vintras, the head physician, examined the plans of the new building approaching completion in Shaftesbury-avenue, and which will be inaugurated next spring. Dr. Chautemps expressed gratification at what he had seen, and in the name of the Municipal Council of Paris made a donation of £40 each to the French Hospital and to the French Benevolent Society.

TAUNTON AND SOMERSET HOSPITAL. — At the annual meeting held in connexion with this institution last week, the report, which was adopted, stated *inter alia* that a long-felt want had been supplied by the provision of a casualty ward near the principal entrance. Important improvements had been made in the sanitary arrangements. The committee pleaded earnestly for liberal donations wherewith to rebuild the cottages which are now in a most dilapidated state, as well as to effect other important additions and improvements which were strongly urged by the medical staff.

VOLUNTEER MEDICAL STAFF CORPS: 1ST (LONDON) DIVISION.—The annual competition for the Challenge Shield took place on Saturday, Oct. 26th, at Westminster Hall. Three companies competed—viz.: No. 1, Surgeon V. Matthews; No. 4, Surgeon-Major J. A. Watson; No. 5, Surgeon J. E. Squire, M.D. Surgeon J. Falvey, M.S., Assistant Instructor to the Medical Staff Depôt, Aldershot, kindly acted as judge. The companies were put through various movements in bearer, company, and stretcher drill, and examined in bandaging and first aid to the injured. After a spirited competition the Shield was awarded to No. 1 Company, the contest, however, having been very close. Surgeon Falvey having addressed the officers and men of the corps, and complimented them on their work, Surgeon-Major Platt, V.M.S.C., in the absence of Surgeon-Commandant Norton, thanked Surgeon Falvey in the name of the corps for his kind services, bringing a most interesting afternoon's work to an end. The men of the winning company are recruited from the medical schools of King's College, University College, Charing-cross, Middlesex, and St. George's Hospitals.

SUCCESSFUL CLAIM AGAINST A SPANISH LIFE ASSURANCE COMPANY.—Spanish Life Assurance Companies are not, as it would seem, content with getting the medical attendant of one of their clients to fill up a paper of questions and to forward it to the office by post, as is usually the case in this country. They are apt to require the attendance of the doctor at the office, and to put him through a long string of oral questions in addition to making him fill up an elaborate form; and to crown all this, they never think of paying him a fee. They will, however, probably have to change their practice. A medical man, one of whose patients died recently while assured in a certain society, said to be one of the most wealthy of Spanish life assurance companies, having received a request to attend at the office of the said company, and, being detained a considerable time, astonished the manager shortly afterwards by sending in a bill for 125 fr. This the manager declined to pay, as he declared no medical man had ever before even asked for any remuneration. The doctor took the matter into court, with the result that the company was ordered to pay the amount charged, with the expenses of the action.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA-PARK.—On Monday, the 28th ult., an address was delivered at the above hospital by Sir J. Risdon Bennett, M.D., F.R.S., as an introduction to the course of clinical lectures and demonstrations which have lately been established by the staff with the object of utilising the large resources of clinical material which the practice of the hospital affords. The address (which we hope in a future number to print in abstract) was listened to with much interest by a crowded audience composed largely of former and present pupils and resident officers of the hospital, and the proceedings were fittingly concluded by a cordial vote of thanks to Sir Risdon Bennett, proposed by Dr. Thorowgood and seconded by Mr. Julian Hill, one of the lay committee, who made graceful allusion in so doing to the cordial relations which had invariably subsisted between the committee and the medical staff.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—The following is the list of office-bearers for the ensuing year:—President: Samuel Gordon. Medical Section—President: L. Atthill. Council: J. H. Benson, E. McD. Cosgrave, A. Foot, A. Hayes, J. W. Moore, John Malony, S. M. MacSwiney, Conolly Norman, Joseph M. Redmond; A. N. Montgomery, Secretary. Surgical Section—President: Austin Meldon. Council: J. R. Barton, A. H. Corley, H. G. Croly, Kendal Franks, Edward Hamilton, P. J. Hayes, E. Stamer O'Grady, Sir Wm. Stokes, R. L. Swan; W. T. Stoker, Secretary. Section of Obstetrics—President: S. R. Mason. Council: J. J. Cranny, R. H. Fleming, F. W. Kidd, J. L. Lane, A. V. Macan, J. M. Madden, R. D. Purefoy, A. J. Smith, W. J. Smyly; A. J. Horne, Secretary. Section of Pathology—President: Edward H. Bennett. Council: A. W. W. Baker, C. B. Ball, W. Beatty, A. H. Benson, H. Bewley, J. Magee Finny, J. Purser, J. Scott, W. G. Smith; J. S. Story, Secretary. Section of Anatomy and Physiology—President: J. M. Purser. Council; John Barton, A. Birmingham, H. J. Brooks, D. J. Cunningham, F. J. Heuston; Humphrey Broomfield, Secretary. Section of State Medicine—President: A. Foot. Council: Sir C. Cameron, E. McD. Cosgrave, T. W. Grimshaw, S. McSwiney, J. W. Moore, J. M. Redmond.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BAYS, JAMES, M.B. Lond., M.R.C.S., L.S.A., has been appointed House Physician to the Hospital for Sick Children, Great Ormond-street, Bloomsbury, vice C. Batchelor, resigned.

CHAMBERS, JAS., M.D., M.Ch., R.U.Irel., has been appointed Assistant Medical Supeintendent to the Royal Asylum, Montrose.

CHEESEWRIGHT, J. F., M.R.C.S. Eng., L.R.C.P. Edin., has been appointed Medical Officer of Rawmarsh Union, vice Smith, resigned.

DIXON, H. W., M.D. Dur., has been appointed Assistant Medical Officer to the Gateshead Dispensary, vice R. Hardie, M.B., resigned.

ELAM, Mr. GEORGE, has been appointed Casualty House Surgeon to the Middlesex Hospital.

FARQUHARSON, WM. F., M.B., C.M. Edin., has been appointed Junior Assistant Medical Officer to the Counties Asylum, Garlands, Carlisle, vice D. M. M. Ross.

GRIFFITH, P. G., L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer of the Pelhams District, Bishop's Stortford Union.

HART, D. B., M.D., F.R.C.P. Edin., has been appointed Physician to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

HOOPER, M., L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer of the Codnor Park District, Nottingham Union.

KEILLER, A., M.D., F.R.C.P., L.R.C.S. Edin., has been appointed Consulting Physician to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

LANG, G. H., M.R.C.S., has been appointed Assistant Medical Officer to the St. Pancras Infirmary.

MACKAY, J. D., M.B., C.M. Edin., has been reappointed Medical Officer to the Lunesdale Rural Sanitary District.

MCLEAN, W. W. L., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer and Public Vaccinator to the Stickney District of the Spilsby Union; Medical Officer to the Coltman Lodge of Odd Fellows, and Keal Cotes Lodge A. O. Foresters, vice J. A. MacLaren, M.B., C.M., resigned.

MOORE, JOHN IRWIN, L.R.C.S. Irel., &c., has been appointed Visiting Surgeon to Springsure Hospital, and Government Medical Officer for Springsure District, Queensland, Australia.

NASH, W. GIFFORD, L.R.C.P. Lond., M.R.C.S., has been appointed Senior House Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

NORTON, EVERITT E., M.R.C.S., L.S.A., has been appointed House Physician to the Middlesex Hospital.

PORTER, W. E., M.B., C.M. Edin., M.R.C.S., has been appointed Medical Officer to the Royal Masonic Institution for Boys, Wood-green, N.

ROSS, D. M., M.B. C.M. Edin., has been appointed Assistant Medical Superintendent to the Counties Asylum, Garlands, Carlisle, vice J. Chambers, M.D.

STILL, G. C., M.B., C.M. Aberd., has been appointed Medical Officer of Shepshed, vice Wood, resigned.

TODD, J., M.R.C.S., L.S.A., has been reappointed Medical Officer of the Second District of the Lunesdale Union.

TUNNICLIFFE, F. W., M.B. Lond., M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon to the Paddington-green Children's Hospital, vice A. E. Hensley, M.R.C.S., L.S.A., resigned.

WHITTERTON, J., L.R.C.P. Edin., M.R.C.S. Eng., has been reappointed District Medical Officer to the North Bierley Union.

WYLLIE, WM., M.D., M.R.C.M. Glas., has been reappointed Medical Officer to the Third District of the Lunesdale Union.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

CENTRAL LONDON SICK ASYLUM DISTRICT, Cleveland-street Asylum, Cleveland-street, W.—Assistant Medical Officer and Dispenser. Salary £100 per annum, with board and residence.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria-park, E.—House Physician for six months. Also Resident Medical Officer. Salary £100 per annum, with board &c.

COUNTY BOROUGH OF HUDDERSFIELD.—Medical Officer of Health for the Borough and Urban Sanitary District of Huddersfield. Salary £400 per annum, with actual disbursements in addition.

GATESHEAD DISPENSARY.—Assistant Surgeon. Salary £120 a year, increasing by annual instalments of £10 until £150 is reached, without board or lodging.

LEICESTER INFIRMARY AND FEVER HOUSE.—Assistant House Surgeon. Salary £80 per annum, with board, apartments, and washing.

LIVERPOOL ROYAL INFIRMARY.—Honorary Surgeon.

LONDON LOCK HOSPITAL AND ASYLUM.—Surgeon to the Out-patients.

LONDON HOSPITAL, Whitechapel-road, E.—Surgical Registrarship. Salary £100 a year.

MANCHESTER ROYAL INFIRMARY.—Assistant Medical Officer, non-resident, for one year. Salary £80 per annum.

NATIONAL DENTAL HOSPITAL, 149, Great Portland-street, W.—Anæsthetist. Also Assistant Dental Surgeon.

NORTH DEVON INFIRMARY, Barnstaple.—House Surgeon. Board and lodging in the house, washing, firing, lights, and attendance. Salary £100 a year, with certain conditions.

NORTH-WEST LONDON HOSPITAL, Kentish-town-road.—Junior Resident Medical Officer for six months.

PARISH OF EDAY, Orkney, to Inspector of Poor.—Resident Medical Officer. Salary £70 a year and practice.

PERTH DISTRICT ASYLUM.—Assistant Medical Officer. Salary £100 per annum, with board and lodging.

SALISBURY INFIRMARY.—A Dispenser. Salary £105 per annum; out of doors.

ST. SAVIOUR'S UNION, Surrey (John st. West, Brackfriars-road, S.E.).—Public Vaccinator for the third Vaccination District of the Union. Remuneration at the rate of 1*s.* 6*d.* for each successful case of primary vaccination, and 1*s.* for each case of successful revaccination.

Births, Marriages, and Deaths.

BIRTHS.

DAVIES.—On Oct. 24th, at Westgate-terrace, the wife of A. O. Davies, M.R.C.S., of Overton, of a daughter, stillborn.

GREENWOOD.—On Oct. 23rd, at Risely, Bush-hill-park, Enfield, the wife of George Greenwood, M.R.C.S., L.R.C.P. Lond., of a son.

MASON.—On Oct. 23rd, at Rosemont, Maidenhead, the wife of David James Mason, M.D. Edin., of a son.

WELSH.—On Oct. 23rd, at Biggleswade, Beds, the wife of Dr. R. C. Welsh, of a son.

MARRIAGES.

CRAN—SMITH.—On Oct. 24th, at St. Paul's Episcopal Church, Aberdeen, by the Rev. G. W. Rowntree, George Cran, M.D., M.C., Banchory, fifth son of the late Alexander Cran, M.R.C.S.E., Tarland, to Annie Emslie, daughter of Alex. Emslie Smith, Esq., advocate, Aberdeen.

DEMETRIADI—PARKE.—On Oct. 23rd, at the parish church, Tideswell, Derbyshire, by the Rev. Canon Andrew, rector, assisted by the Rev. G. A. Dawson, curate of Tideswell, Louis Demetriadi, F.R.C.S. Edin., Huddersfield, to Alice, third daughter of John Latimer Parke, surgeon, Foxlowe House, Tideswell.

GOODSALL—CROFTS.—On Oct. 26th, at All Saints' Church, Mountfield, David Henry Goodsall, F.R.C.S., of 17, Devonshire-place, W., to Mary Dowell, eldest daughter of the Rev. J. Macbride Crofts, vicar of Mountfield, Sussex.

HEWAN—COX.—On Oct. 7th, at St. Paul's Cathedral, Calcutta, by the Rev. W. A. G. Luckman, John Hewan, L.R.C.P., M.R.C.S. E., eldest son of the late Archibald Hewan, M.D., of Chester-square, London, to Ethel Jane, youngest daughter of the late William Henry Cox, of Derby.

MARLOW—MILLS.—On Sept. 24th, at Worcester, Massachusetts, U.S.A., by the Right Rev. F. D. Huntington, Bishop of Central New York, assisted by the Rev. L. C. Stewardson, Frank William Marlow, M.D., M.R.C.S., &c., of Syracuse, N.Y., U.S.A., to Laura Bissett, daughter of F. J. Mills, Esq., of San Francisco, California.

MOIR—ALLAWAY.—On Oct. 24th, at All Saints, Cheltenham, Surgeon John Drew Moir, Army Medical Staff, youngest son of the late Rev. Charles Moir, M.A., of Chatham, to Constance, only daughter of the late W. A. H. Allaway, Esq., of Craig-y-Nos Castle, Brecknockshire.

WAWN—CHALLIS.—On Oct. 23rd, at St. John Baptist Church, Stone, Edward Russell Wawn, M.R.C.S. Eng., of Bramley, Yorkshire, son of the late Rev. Edward Bickersteth Wawn, of Cheltenham, to Agatha Lucy, third daughter of the Rev. J. L. Challis, M.A., vicar of Stone, Rural Dean, and granddaughter of the late Rev. James Challis, M.A., F.R.S., Plumian Professor of Astronomy, Cambridge.

WEIR—PLATT.—On Oct. 24th, at Kurrachee, Surgeon Richard Rose Weir, M.D., Indian Medical Service, to Clara, youngest daughter of Henry Platt, Ampthill, Beds.

DEATHS.

APPLEYARD.—On Aug. 7th, at Longford, Tasmania, James Appleyard, M.R.C.S.E., L.S.A., aged 51.

DALE.—On Oct. 29th, at Chalcot-gardens, Belsize-park, N.W., Henry Ridley Dale, Jun., M.D., M.R.C.S., &c., late of Sunderland, aged 33.

HUTCHINSON.—On Oct. 22nd, at Newington, near Sittingbourne, Kent, Thomas Steers Hutchinson, M.R.C.S., L.R.C.P.

JOHNSON.—On Oct. 5th, at his residence, Montserrat, West Indies, the Honourable Burdett Johnson, M.R.C.S.E., L.S.A. Lond., J.P.; for over twenty years Member of the Executive and Legislative Councils of the Island of Montserrat, and Senior Medical Officer, aged 54. Beloved and respected by all who knew him.

JONES.—On Oct. 27th, at Surbiton, William Price Jones, M.D., aged 60.

LEIGH.—On Oct. 24th, at his residence, Oak Cottage, Hammersmith High-road, Percival Leigh, Esq., M.R.C.S., aged 75.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

BOOKS ETC. RECEIVED.

ALLMAN & SON, 67, New Oxford-street, London.

Manual of Personal and Domestic Hygiene. By A. T. Schofield, M.D. pp. 163.

BAILLIÈRE, TINDALL, & COX, King William-street, Strand, London.

A Text-book of the Practice of Equine Medicine. By W. Robertson, F.R.C.V.S.; revised by J. Penberthy, F.R.C.V.S. Second Edition. 1890. pp. 774.

Handbook of Surgical Pathology, for the use of Students in the Museum of St. Bartholomew's Hospital. Second Edition. By W. J. Walsham, M.B., F.R.C.S., assisted by D'Arcy Power, M.A., M.B. Oxon., F.R.C.S.Eng. 1890. pp. 634.

BELL & BRADFUTE, Bank-street, Edinburgh.

Through the Ivory Gate: Studies in Psychology and History. By William W. Ireland, M.D. Edin. 1889. pp. 311.

BLACK, ADAM & CHARLES, Edinburgh.

The Collected Writings of Thomas De Quincey. New and enlarged Edition. By D. Masson. Vol. I.: Autobiography from 1785 to 1803. 1889. pp. 416.

BLAKISTON, SON, & CO., Walnut-street, Philadelphia.

Lectures on Obstetric Nursing. By Theophilus Parvin, M.D. 1889. pp. 104.

CHURCHILL, J. & A., New Burlington-street, London, W.

Handbook of Hospital Practice and Physical Diagnosis. By C. J. Nixon, M.D. 1889. pp. 344.

Suggestions to Mothers on the Management of their Children. By a Mother. Revised throughout by a Physician. Second Edition. 1889. pp. 690.

The Electric Illumination of the Bladder and Urethra as a means of Diagnosis of Obscure Vesico-urethral Diseases. By E. Hurry Fenwick, F.R.C.S. With 54 Illustrations. Second Edition. 1889. pp. 271.

The Past and Present Provision for the Insane Poor in Yorkshire, with Suggestions for the Future Provision for this Class. By D. Hack Tuke, M.D., F.R.C.P. 1889. pp. 55.

GINN & CO., Ludgate-hill, London, and Boston, U.S.A.

An Introduction to Chemical Science. By R. P. Williams, A.M. Edited and revised by B. P. Lascelles, M.A., F.C.S. 1889. pp. 223. Price 3s. 6d.

GOVERNMENT PRINTING OFFICE, Washington.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army; Authors and Subjects. Vol. X. O—Pfutsch. 1889. pp. 1059.

GRIFFIN, CHARLES, & COMPANY, Exeter-street, Strand, London.

A Contribution to the Surgery of the Spinal Cord. By W. Thorburn, B.S., B.Sc., M.D. With Diagrams, Illustrations, and Tables. 1889. pp. 230.

LEWIS, H. K., Gower-street, London, W.C.

Hunterian Lectures on the Morbid Anatomy, Pathology, and Treatment of Hernia. By C. B. Lockwood, F.R.C.S. Thirty-six Illustrations. 1889. pp. 168.

LONGMANS, GREEN, & CO., Paternoster-row, London.

Transactions of the Clinical Society of London. Vol. XXII. With Supplementary Reports on Cases in Vols. I.-XXI. 1889. pp. 432.

MACLEHOSE & SONS, Glasgow.

Account of the Life and Works of Maister Peter Lowe, the Founder of the Faculty of Physicians and Surgeons of Glasgow. By Jas. Finlayson, M.D. 1889. pp. 84.

NEW SYDENHAM SOCIETY, London.

Lectures on General Pathology. A Handbook for Practitioners and Students. By J. Cohnheim. Translated from the Second German Edition by A. B. McKee, M.B. Dub. Section II.: The Pathology of Nutrition. 1889. pp. 821.

OLIVER & BOYD, Edinburgh.

The Transactions of the Edinburgh Obstetrical Society. Vol. XIV. Session 1888-89. pp. 152.

The Transactions of the Medico-Chirurgical Society of Edinburgh. Vol. VIII. New Series. Session 1888-89. pp. 234.

SMITH & CO., Calcutta.

Snakes: Snake-bites, and their Treatment. By a Hindu. 1889. pp. 62.

SPON, E. & F. N., 125, Strand, London.

A Pocket-book for Pharmacists, Medical Practitioners, Students, &c. (British, Colonial, and American). By Thomas Bayley. 1889. pp. 528.

VOGEL, F. C. W., Leipzig.

Lehrbuch der Physiologischen und Pathologischen Chemie. Von Prof. G. Bunge. Zweite vermehrte und verbesserte Auflage. 1889. pp. 404.

YOUNG J. PENTLAND, Edinburgh.

The Essentials of Medical Anatomy. By H. R. Kenwood, M.B., C.M. 1889. pp. 62.

The Treatment of Pleurisy and Empyema. By Byrom Bramwell, M.D., F.R.C.P. Edin. Four Illustrations. 1889. pp. 82.

Handbook of Obstetric Nursing. By F. W. N. Haultain, M.D., F.R.C.P. Edin., and J. H. Ferguson, M.B., F.R.C.P. Edin. With coloured Plate and 29 Wood Engravings. 1889. pp. 216.

Coloured Analytical Tables; a Class-book for Students in Hospitals, Colleges, and Schools, by H. Wilson Hake, Ph.D., F.I.C., F.C.S. (G. Philip & Son, London, 1889).—Ground Water and Shallow Wells, in relation to Public Health; by W. B. Featherstone, M.R.C.S. (Charles Stocker, Birmingham, 1889), price 1s.—Funchal auf Madeira und Sein Clima (mit sieben Tabellen und vier graphischen Darstellungen): Inaugural Dissertation der medicinischen Facultät der Kaiser-Wilhelms-Universität, Strassburg, zur Erlangung der Doctorwürde; vorgelegt von Ferdinand Christmann (G. Mallinckrodt, H. Hille, Zabern i. E., 1889).—Revue Trimestrielle de Thérapeutique Appliquée; la Médication Phosphatée Physiologique; par L. Jolly, Pharmacien de Première Classe (64, Faubourg Poissonnière, Paris, 1889).—Hunterian Lectures on Intracranial Inflammations starting in the Temporal Bone, their Complications and Treatment; by A. E. J. Barker, F.R.C.S. (Illustrated Medical News Company, London, 1889).—Throat and Nose Affections in Children, in relation to certain derangements of Sleep, Temper, Spirits, Energy, and to Intellectual Power and other Brain Functions; by Scanes Spicer, M.D. Lond. (John Bale and Sons, London, 1889).—El Arsénico como Profiláctico del Tifo; por el Doctor Samuel Morales Pereira (Imprenta del Gobierno, en el Ex-Arzobispado, México, 1889).—Tabes Dorsalis; von Geh. Med.-Rath. Prof. Dr. Leyden (Urban & Schwarzenberg, Wien und Leipzig, 1889).—The Ship's Surgeon of To-day; by Chas. H. Leet, F.R.C.S. (116, Derby-road, Bootle, Liverpool, 1889), price 6d.—Victoria Cross, 1854-1889, and how Won; by T. E. Toomey (A. Boot & Son, London, 1889), price 5s.—Portfolio of Concentrated Liquors; Fletcher, Fletcher, and Stevenson, manufacturing chemists, Holloway, N., price 1s. post free.—La Uretrotomia Interna en la Isla de Cuba es tan inocente, como la Dilatacion Progresiva; por el Dr. Ignacio G. Plasencia (Imprenta "La Antilla," de Cacho-Negrete, Habana, 1888).—The Proposal: a Dialogue; by Zula Maud Woodhull, London, 1889).—Notice sur les Eaux Thermales de Bagnols-les-Bains (Lozère): et sur leur Usage dans le Traitement des Maladies du Cœur; par le Docteur M. Bourrillon; avec Plan et Carte, prix un franc (Jacques Lechevalier, Paris, 1889).—On a Pure Fermentation of Mannite and Glycerin; by Percy F. Frankland, Ph.D., B.Sc., and Joseph J. Fox (from the Proceedings of the Royal Society, Vol. XLVI.).—Annual Return of the Sanitary Work of the Burgh Engineer's Department, Edinburgh, including Inspections of Houses, Sanitary Appliances, Drainage, &c., 1888-1889 (H. & J. Pillans and Wilson, Thistle-street, Edinburgh).—Moravian Missions: Work among Lepers in South Africa and Jerusalem; by Rev. J. La Trobe, Bishop of the Moravian Church.—Die Chemisch-Mikroskopische Untersuchung des Harns auf seine wichtigsten Krankhaften-veränderungen; zum Gebrauche für practische Aerzte und Militär-lazarethe; zusammengestellt von Dr. O. Puhlmann; vierte Auflage neubearbeitet; von Dr. J. Borntraeger (August Hirschwald, Berlin, 1890).—Die Albuminurie in Physiologischer und Klinischer Beziehung und ihre Behandlung; von Professor Dr. H. Senator; zweite gänzlich umgearbeitete Auflage (August Hirschwald, Berlin, 1890).—The General Theory of Cancer-formation; by H. Snow, M.D. (J. & A. Churchill, London, 1889), price 1s.—The Immediate and General Treatment of Accidents and Injuries; by Sir William Moore, K.C.I.E., Q.H.P. (Churchill & Co., London, 1889).—How to avoid a Cold; by One who Does (Griffith, Farran, Okeden, and Walsh, London and Sydney), price 3d.—Massage in der Frauenheilkunde; von Dr. L. Prochownick (Leopold Voss, Hamburg and Leipzig, 1890).—English Idyls, by P. H. Emerson (Sampson Low, Marston, Searle, and Rivington, London, 1889).—The Newspaper Reader's Index of Reference (H. Axon, Old Hall-street, Bolton, Lancashire, 1889).—Magazines for November: Leisure Hour, Wit and Wisdom, Good Words, Sunday at Home, Scribner's, Boy's Own Paper, Sunday Magazine (Isbister), Blackwood's Edinburgh Magazine, Gardener's Magazine.

Medical Diary for the ensuing Week.

Monday, November 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2.30 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.
ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Dr. Felix Semon: Some Points in the Etiology, Diagnosis, and Treatment of Empyema of the Antrum.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Sir Joseph Lister: A New Antiseptic Dressing.

Tuesday, November 5.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Dr. F. J. Smith: Hypertrophic Cirrhosis in a Child.—Mr. D'Arcy Power: An unusual case of Cirrhosis of the Liver.—Dr. Samuel West: Addison's Disease in a Diabetic.—Mr. Barwell: A singular Cyst of unknown nature removed from the Groin of a Woman.—Dr. Norman Moore: Cases of Congenital Heart Disease.—Dr. F. W. Mott: Pernicious Anæmia.—Mr. Stephen Paget: Occipital Meningocele, with Cleft Palate and Talipes Calcaneus.

Wednesday, November 6.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.
OBSTETRICAL SOCIETY OF LONDON (the Society's Library, 54, Berners-street, W.).—8 P.M. Specimens will be shown. Dr. Cullingworth: Case of Vesico-utero-vaginal Fistula.—Dr. Rasch: Case of large Chylous Cyst of the Mesentery.—Dr. Lewers: Case of Lupus of the Vulva.—Dr. Braxton Hicks: Case of Inversion of the Uterus.

Thursday, November 7.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA-PARK, E.—4.30 P.M. Dr. Thorowgood: On Basic Disease of the Lung.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Dr. J. Cagney: The Administration of Drugs by the aid of Electricity.—Mr. A. P. Luff: The Anti-fermentative Treatment of Infantile Diarrhœa.—Mr. J. T. Clarke: A Specimen of Abnormality of the Spinal Cord associated with Club-foot.

Friday, November 8.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON (at 20, Hanover-square).—Living Specimens at 8 P.M.:—Mr. Macnamara: (1) Excision of Head and Neck of the Humerus for Myeloid Sarcoma, no recurrence of the disease; (2) Removal of Testicle for rapidly-growing Round-celled Sarcoma, patient free from disease after two years.—Dr. Handford: Unilateral Myositis and Neuritis in a Man aged forty-eight.—Dr. Abercrombie: Myxœdema in a young subject.—Mr. G. H. Makins: (1) Rheumatoid Arthritis in a Child; (2) Hip-joint Disease, Anterior Incision. Papers at 9 P.M.:—Mr. W. Rivington: Case of Potts' Fracture with Fracture and Displacement of Astragalus, followed by symptoms of Tetanus, which subsided after removal of the displaced fragment.—Mr. W. G. Spencer: Case of Dislocation Backwards at the Elbow of both Bones of the Forearm, irreducible from the Lower End of the Humerus, being held like a Button by a Rent in the Anterior Ligament.—Mr. E. A. Barton: Case of Paroxysmal Hæmoglobinuria.

Saturday, November 9.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, October 31st, 1889.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radiation in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Oct. 25	30·21	N.	44	42	75	53	41	..	Cloudy
,, 26	30·17	N.E.	48	45	71	54	42	..	Overcast
,, 27	29·72	S.E.	46	46	..	55	44	·28	Raining
,, 28	29·78	E.	50	49	61	54	45	·18	Foggy
,, 29	29·93	E.	49	49	61	56	48	·02	Foggy
,, 30	29·95	S.E.	49	48	83	58	48	·02	Bright
,, 31	29·97	S.W.	45	44	82	54	44	·16	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

SALARIES AND REPORTS OF MEDICAL OFFICERS OF HEALTH.

To the Editors of THE LANCET.

SIRS,—In your paragraph in last week's issue of THE LANCET on the above subject, you seem to infer that medical officers of health are only required to send their annual report to the Local Government Board, whereas the Act of 1888 distinctly states (Section 19) that a similar report must be sent to the clerk to the County Council.

I am, Sirs, your obedient servant,

J. HENRY ASHWORTH,
Med. Officer of Health, Halstead Rural Sanitary Dist.

Halstead, Essex, Oct. 29th, 1889.

*** Our annotation of last week dealt only with the point raised in Section 24 of the Local Government Act, 1888—namely, that half of the salaries of such officers of health as had not yet sent in to the Local Government Board "such report and returns" as are required of them for the past year was now liable to be forfeited. It is not until the beginning of next year that the requirement as to sending a copy of the annual report to the County Council, under Section 19, comes into operation.—ED. L.

Mr. A. Greenleaves.—There is no practical difference in the nutritive value of meat which has been frozen in the fresh state and that which is sent to market in the ordinary way. The only loss that meat sustains by being frozen is said to be that the flavour is slightly impaired.

Mr. Henry C. Wilkie.—Cobbold, Leuckart, Kuchenmeister, Davaine.

EXAMINERS IN VACCINATION FOR WALES.

To the Editors of THE LANCET.

SIRS,—Having been away from my native country for many years, and not having availed myself of the opportunities offered during my studentship for acquiring the necessary licence in vaccination, I find that I must cross the Channel (this being the nearest point) before I can meet with a person authorised to grant this formal document. Why Wales has not been honoured with such a representative I do not know. It certainly cannot be on the ground of incompetency. If examiners were appointed nearer home it would be a convenience, as well as a saving of expense, to those candidates who have, like myself, neglected a past opportunity. Great centres like Cardiff or Swansea ought to possess the necessary attractions.

I am, Sirs, your obedient servant,

Swansea, Oct. 26th, 1889. JOHN HARRIS JONES.

RESPONSIBILITY UNDER THE NOTIFICATION ACT.

To the Editors of THE LANCET.

SIRS,—May I ask, in reference to the notification of disease, how it would happen (1) if a medical man did not recognise the nature of the disease, which it is often difficult to do; and (2) if he gave notification of a disease which did not turn out to be infectious? In the latter case might he be liable to prosecution by the patient or his relatives for damages, or is the responsibility to rest on the medical officer of health?

I am, Sirs, yours truly,

Oct. 26th, 1889. A. H. NEWTH, M.D.

*** The questions put by our correspondent are important. 1. Undoubtedly the responsibility of certification rests with the person who certifies. There is nothing in the Act to require him to certify till he shall have "become aware that the patient is suffering from an infectious disease." In difficult or dubious cases he must give the patient the benefit of the doubt; but he must be careful that the dubiousness is in the case and not in his own mind and knowledge. A medical man would not be punished, we apprehend, for an honest reasonable doubt in a difficult case.—2. If he makes a mistake and "notifies" a disease which turns out to be non-infectious he must bear the burden of it. There is nothing in the Act to throw the onus of diagnosis on the medical officer of health, though no officer of health would, we think, refuse his assistance in a serious difficulty. We repeat in doubtful cases the patient must have the benefit of the doubt. The Act will bring delicate and difficult duties, and will give an occasional illustration of the fallibility even of medical men. But honest and fair mistakes will not be severely judged by reasonable patients or judges.—ED. L.

G. J. M. wishes for information as to where a boy aged eleven years, middle class, requiring care and supervision, can be placed (institution or otherwise). He is not deaf, but dumb, and inclined to be unruly, but up to the present has been managed at home by an ordinary nurse girl, with a little sister. It is doubtful if he can be taught anything.

D.—Most offices would accept such a life, probably at little, if any, advance on the ordinary rates.

Mr. A. W. Macdougall.—The discussion of the subject is closed.

PRACTICE AT THE CAPE.

To the Editors of THE LANCET.

SIRS,—In answer to the query as to the prospect of practice at the Cape, will you allow me to say that a smart man can always get on out there? We have not many London M.D.'s; these gentlemen generally procure extensive practices. What are wanted there are really smart men. We have many ordinary practitioners, and even these seem to succeed. I doubt whether a man with ordinary qualifications could do worse than go to Africa. The field for work is extensive, and where one practitioner will fail another may prosper. Of course, care must be taken to avoid certain overcrowded localities, as the following extract out of the latest Cape papers will show:—"There are fifty-six medical men practising—or trying to do so—in Johannesburg." This rush of medical men is, of course, on account of the gold discovery; but by a little reasoning one is soon convinced that they must have had a practice somewhere in the colony, and that the said practice is now vacant, and open to any smart, energetic man. Again, I must say we want the best qualifications. As to the climate, nothing can be better; it will at times be found hot, but one soon becomes used to that. I would not advise the abandonment of a fair London practice.

I am, Sirs, yours truly,

London, Oct. 23rd, 1889. NITCH SMITH, M.S. (of Africa).

THE LATE ALBERT SMITH'S WORKS.

To the Editors of THE LANCET.

SIRS,—In answer to Mr. Alfred Corrie, I beg to state that "The Medical Student," by the late Albert Smith, was published at a shilling by Messrs. Routledge, Warne, and Routledge, to which firm your correspondent had better address himself. The cardboard cover of the book bears the *fac-simile* of a capped phial, with the labelled direction, "Half to be taken immediately, and the other half in an hour if the depression is not removed." I may say that it is my intention to introduce a few extracts from this hilarious volume into my forthcoming paper on "Mirth and Medicine; or, the Philosophy and Physiology of Fun and Physic." I am, Sirs, yours truly,

Leeds, Oct. 29th, 1889. CLARENCE FOSTER.

To the Editors of THE LANCET.

SIRS,—Staff-Surgeon Corrie will, I think, obtain a copy of "The London Medical Student" by either advertising in the "Secondhand Books" columns of the *Publishers' Circular* (Sampson Low, Limited), or addressing a post-card to each of the various dealers whose names are given in the list. I saw the book myself only a short time ago, whilst "hunting" for others on a "stall," but I cannot recollect where. It is strange that a new edition of this highly successful, clever, and amusing work has not been issued by some enterprising publisher or other.

I am, Sirs, obediently yours,

Bloomsbury-place, W.C., Oct. 26th, 1889. CHARLES F. RIDEAL.

THE INTERMARRYING OF CONVICTS.

IN Italy, where all "questions" relating to the detention, employment, and disposal of an abnormally numerous convict population may truly be described as "burning," our annotation, which appeared on Aug. 10th, on the above topic has attracted considerable notice. Our attention has just been directed to a recent number of the *Opinione*, the organ of the Italian Right which perpetuates the liberal traditions of Cavour, and which translates the annotation *in extenso*, and introduces it with the following observations:—"Readers of the *Opinione* are probably aware how the French Republic has constituted itself the apostle of marriages between felons, and it may not be without interest to them to know the comments made on this wild legislative measure by the most authoritative of the English medical journals, which also ranks among the most celebrated of the two hemispheres—THE LANCET. It is superfluous to state that everyone even moderately schooled in medicine, or in any degree acquainted with the laws of atavism, which mould in their evolution with equal potentiality the cellule and the moral life, must, whatever his theory of those laws, acquiesce unreservedly in the pointed remarks of the most accredited British journal" (*l' accreditatissimo giornale Britannico*). Then follows a summary of the official *apologia* of the French Government in its new legislative departure, and the translation of the reply which "il celebre periodico medico inglese" makes to it. To the *Opinione's* article are appended the initials of a distinguished Venetian consultant, who effectively reinforces the doctrine of which Dr. Lombroso in Italy (like Sir James Coxe and Dr. Bruce Thomson before him) is now the most vigorous vindicator, as to the best mode of diminishing crime.

Veritas.—The passage complained of in the obituary notice of Dr. Habershon, published by us last week, was not intended to present a partisan view of the merits of the dispute at Guy's Hospital, but simply to record the circumstances which led to the resignation by Dr. Habershon of the physicianship of that institution.

Mr. Montagu Palmer.—The "bother" complained of is great, but we should not advise making it a subject of newspaper complaint. The remedy would be worse than the disease.

Dr. Geo. B. Beale.—THE LANCET, Sept. 14th, 1889.

THE EXAMINATION FOR THE MEMBERSHIP OF THE ROYAL COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—Kindly permit me to make some remarks on behalf of intending candidates for the M.R.C.S.

I was a candidate at the recent examination for the M.R.C.S., but I was referred for six months. Why? At both tables I was questioned on Pott's disease in connexion with the section on pathological anatomy. The examiners appeared satisfied with my answering on the nature of the disease and on the mode of formation of a psoas abscess. But when I was asked the treatment of a psoas abscess, the candidate disagreed with the examiner, unfortunately, on this point. I have altogether spent about six years in the surgical wards under the most celebrated surgeons of the day, and I have consulted most handbooks, and compared my teaching carefully with these handbooks. I had no hesitation whatever in saying that I would open a psoas abscess; the patient would be quickly relieved, and if Listerism were carefully carried out no evil result would supervene. But "No," said the examiner "leave it; the liquid will become absorbed, and only a slight hard swelling remain." I was thunderstruck, and could not further proceed with my examination. I was questioned on the direction of Colles' fracture in connexion with the clinical part of my examination. The examiner disagreed with me when I said it was usually transverse; but, strange enough, at my pathological examination I thought I had better hush my conscience on being asked the direction of this fracture, supposing that English people always had their bones broken obliquely, and thus I answered, whereupon the examiner handed me a specimen, which, of course, was transverse.

If I did not suppose that I am trespassing too far, I could cite some more examples like those I have quoted. I think a candidate should get full credit for his answer, provided that answer comes from good authority, even though it be not consistent with the views or whims of the examiner. At all events, it would be to the advantage of candidates if the examiners for the M.R.C.S. could agree among themselves; for then the candidates would have more faith in them, and would consider them greater authorities than were their teachers.

I am, Sirs, yours truly,

Oct. 28th, 1889. PSOAS.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

To the Editors of THE LANCET.

SIRS,—I note that in your annotation, "Remarkable Suicide with Prussic Acid," you speak of Mr. Pollard as an Associate of this Society. This is incorrect, as he is not connected with the Society.

I am Sirs, yours truly,

Oct. 29th, 1889. RICHARD BREMRIDGE, Registrar.

TELEGRAPHIC ADDRESSES IN THE MEDICAL DIRECTORY.

To the Editors of THE LANCET.

SIRS,—Your correspondent in last week's issue had no authority for the assumption that unregistered telegraphic addresses would be inserted in the Medical Directory. Only registered addresses are inserted, and we require the certificate of registration to be forwarded, with stamped directed envelope for its return.

We are, Sirs, yours faithfully,

The Medical Directory Office, 11, Burlington-street, W., Oct. 29th, 1889. THE EDITORS.

CIRCUMCISION.

To the Editors of THE LANCET.

SIRS,—Your correspondent, Mr. Lancelot Newton, will find a description of the operations for restoring the prepuce in Celsus, book vii., cap. xxv. The second one was that used for the purpose referred to.

I am, Sirs, yours obediently,

Wimpole-street, W., Oct. 30th, 1889. WALTER G. SPENCER.

ERRATUM.—By a typographical error in the notice last week of Dr. Ricord he is represented as having returned to Paris from the provinces in 1888; it should have been *1828*.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Risdon Bennett, London; Dr. Corfield, London; Dr. Beevor; Dr. Graham Steell, Manchester; Mr. W. G. Spencer, London; Messrs. Cassell and Co., London; Mr. C. Foster; Rev. E. Lacon, Stockbridge; Dr. Lloyd Tuckey, London; Dr. McMordie, Belfast; Dr. E. S. Reynolds, Manchester; Mr. Weaver, Southport; Mr. Morgan, Kinnerley; Dr. J. W. Matthews, Johannesburg; Dr. T. Oliver, Newcastle-on-Tyne; Dr. C. Leater, London; Mr. Norton, London; Mr. Ladell, London; Mr. C. E. Stretton, Leicester; Mr. Linde, Manchester; Mr. Blackwell, London; Mr. Myers, Nottingham; Dr. Thorowgood, London; Messrs. Heard and Son, Truro; Mr. C. T. Archer, Geneva; Dr. Newth, Hayward's Heath; Capt. Hincks, London; Mr. Watkins, Boscombe; Mr. Roger Williams, London; Mr. W. F. Haslam, Birmingham; Dr. Wallace Anderson, Glasgow; Dr. W. A. Aikin, London; Dr. Gourley, West Hartlepool; Dr. D. Mowat, London; Messrs. Hearon, Squire, and Francis, London; Dr. Walter, Manchester; Mr. Sell; Mr. Roland Smith, London; Dr. Drummond, Newcastle-on-Tyne; Dr. Clifford Beale, London; Mr. F. Boycott, Manchester; Mr. J. H. Jones, Swansea; Mr. Rideal, London; Mr. J. Poland, London; Dr. E. Seaton, London; Mr. W. H. Pearce, London; Mr. Gibson; Dr. G. Herschell, London; Dr. Alderson; Mr. V. Matthews, London; Mr. Relton, Rugby; Mr. J. W. Taylor, London; Mr. Wheelhouse, Leeds; Mr. K. Thornton, London; Mr. J. B. Lamb, London; Mr. Edwardes-Ker, Woodbridge; Prof. P. Frankland, London; Dr. Gwynne, Sheffield; Dr. J. K. Spender, Bath; Dr. Moorhead, Weymouth; Mr. S. Snell, Sheffield; Mr. Axon; Mr. Davies, Newport, Mon.; Messrs. Clarke and Co., London; Mr. Birchall, Liverpool; Messrs. Macfarlane and Co., London; Dr. Kinsey-Morgan, Bournemouth; Messrs. Burgoyne and Co., London; Mr. Heywood, Manchester; Messrs. Richards and Co., London; Mr. Woodhead, Huddersfield; Messrs. Maclachlan and Co., Edinburgh; Dr. Bailey, Oban; Mrs. Groom; Mr. Coulson, South Shields; Mr. Soper, Dartmouth; Mr. Stone; Messrs. Gibbons and Co., Leicester; Mr. Fulker, Boscombe; Messrs. Grace; Mr. Hawkins, London; Mr. Dixon, Gateshead; Mr. Jones, Lisbon; Mr. Russell, Liverpool; Mr. Reece, Swansea; Mr. Phipps, Sheffield; Mrs. Cable, Brixton; Mr. Crow, Canterbury; Mr. Huey, Castlederg; Mr. Wood, Gloucester; Messrs. Churchill, London; Messrs. Kegan Paul and Co., London; Mr. Collins, Norfolk; Mr. Pink; Messrs. Robertson and Scott, Edinburgh; Mr. Lawrence, Barnstaple; Messrs. Hopkinson and Co., Notts.; Dr. Murrell, London; Mr. Fisher; Messrs. Street and Co., London; Mr. Rosenkranz, Dresden; Messrs. Macmillan and Co., London; Mr. Gibson, Norfolk; Mr. Little; Messrs. Potter and Co., London; Mr. Brown, Salford; Mr. Saunder; Messrs. Oliver and Boyd, Edinburgh; Dr. T. Williams, London; Messrs. Christy and Co., London; Dr. Martin, Stockport; Mr. Canfield; Messrs. Blondeau et Cie., Kentish-town; Mr. Wilkie, Wolverhampton; Mr. W. A. Ellis, London; Dr. Baily, Hanwell; Mr. Poniso, Bordeaux; J. C. H., Leeds; M.D.; Stoker; Sir Psoas; Veritas; Justitia; Euonymised Cocoa Co., Birmingham; Medicus, Sheffield; M.D., Maida-vale; Dahl's Agency, London; Delta, London; M., London; Alpha, London; Lady Superintendent, School of Massage, &c.

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